

Connecting **people**. Our plan.

Regional Integrated Mental Health, Alcohol and Other Drugs and Suicide Prevention Plan



Eastern Melbourne
Primary Health Care Collaborative

Discussion Paper

November 2018





Introduction

Eastern Melbourne Primary Health Network (EMPHN) is funded by the Australian Government to improve the care and support people receive from health services, drive primary health care reform and to improve management of federal health funding.

EMPHN supports 1.4 million people of whom 450,000 are born overseas. The community, which incorporates eastern and north-eastern Melbourne is socio economically diverse, ageing and comprises both semi-rural and urban settings.

EMPHN in conjunction with consumers and carers, local health networks (LHNs), key service providers, clinicians and peak bodies is developing a Regional Integrated Mental Health, Alcohol and Other Drugs and Suicide Prevention Plan (the plan). The plan will be aligned to a number of pieces of work already being undertaken in the region and form key additional strategies to guide service development and system integration over the coming five years.

The development of regional plans is a joint initiative of the Commonwealth and State Governments. Development of the plan will be underpinned by the *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services Guide*, endorsed by the Mental Health Principal Committee of COAG.

This project is being auspiced by the Eastern Melbourne Primary Health Care Collaborative (EMPHCC) on behalf of the entire EMPHN region. EMPHCC is a region-wide platform of service providers and organisations focused on health care system collaboration to improve health outcomes for people who reside in the eastern metropolitan region. The EMPHCC Governance Group consists of senior executive representation from Eastern Health, EMPHN, EACH, Connect4Health, a general practitioner and Department of Health and Human Services (DHHS). EMPHCC has identified integrated models of mental health care as one of its top five priorities for the region.

This discussion paper outlines the context for the plan and initial findings of the early stages of consultation.

We are seeking feedback on specific elements that will guide the next stages of the plan development.

Background

The Commonwealth Department of Health (DoH), with the agreement of the Victorian Government have tasked Primary Health Networks with the development of a 5-year Regional Mental Health and Suicide Prevention Plan as part of the first action from the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan).

The Fifth Plan has been developed following the review of Commonwealth programmes and services undertaken by the National Mental Health Commission in 2014. The review highlighted the existing complexity, inefficiency and fragmentation of the mental health systemⁱ.

The Fifth Plan recognises that PHNs and LHNs provide the core architecture to support integration at the regional level and that they are positioned to work with stakeholders to identify what needs to change and when. It explains that: *“this approach represents a fundamental reconceptualisation of the role of a National Mental Health Plan as one that sets an enabling environment for regional action instead of dictating change from the top down”*ⁱⁱ

Joint regional planning will improve outcomes for consumers and carers by:

- Addressing fragmentation of mental health services and pathways for consumers;
- Preventing parts of the service system operating in isolation from each other;
- Identifying gaps, duplication in roles and system failure in local service pathways; and
- Supporting mental health and suicide prevention reform priorities at a regional level aimed at achieving more effective, person-centred care.

The Plan must cover the lifespan – from children through young adults to older people; and address the needs of people across the mental health stepped care continuum.

The plan also includes Alcohol and Other Drugs given the significant comorbidities and correlation with mental health. Australia’s National Drug Strategy 2017-2026 is the framework that identifies national priorities and guides action by governments in partnership with service providers and the community.

The Strategic Principles of this strategy are:

- Partnerships;
- Coordination and collaboration;
- National direction with jurisdictional implementation; and,
- Evidence informed responses.ⁱⁱⁱ

Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health is a core part of mental health and suicide prevention planning for EMPHN. The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023* sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Indigenous specific and mainstream health services.

In addition, the Victorian Government have their own specific mental health and alcohol and other drugs strategies, policies and legislation which inform investment and service delivery decisions.

Needs Assessment

The data shows that one in five Australians experience a mental illness in any year with the three most common mental illnesses being depression, anxiety and substance use disorder^{iv}

The Australian Burden of Disease Study 2011 estimates Mental and Substance Use Disorders to be responsible for 12% of the total burden of disease, placing it third as a broad disease group after Cancer (19%) and Cardiovascular disease (15%)^v

For the EMPHN catchment it is estimated that 483,000 people will experience a mental disorder sometime in their lifetime. At any one point in time it is estimated that 165,000 people will experience mild mental illness, 82,600 people will experience moderate mental illness, 30,000 people will experience severe episodic mental illness, 15,000 will experience severe and persistent mental illness and 6,700 people will experience severe and persistent illness with complex needs requiring multiagency response.

Misuse of alcohol and other drugs also has a substantial impact on the health and wellbeing of people in the EMPHN region. One in seven people drink to levels that increase lifetime risk of alcohol related harm. In addition, there are approximately 7 deaths per 10,000 population each year from overdose, which is similar to Victoria and Australia as a whole.^{vi}



Definition

A common understanding of integration will assist in the implementation of the plan. We will use the following definition of integrated care which has been developed by the Victorian Clinical Council of Safer Care Victoria.

Person centred care that crosses the boundaries between primary, community, acute health and social care and where the right care is delivered at the right place at the right time.^{vii}

It is important to note that whilst using this definition, its implications in service development can be varied. In this plan, we will articulate where the plan is seeking to integrate:

- the care of an individual and their family;
- holistic cross sectoral assessment and planning where appropriate,
- coordinated service delivery and shared service pathways;
- collaborative needs assessment, service mapping and joint system planning;
- shared data systems, performance management and accountability; and
- shared funding and governance structures.

Consultation Process

An extensive and broad based stakeholder engagement and consultation process has commenced across the region by external consultants (Alex Cockram and Kate Barlow) to inform the development of the plan.

To date, an open stakeholder forum has been held as well as consultations with the following groups:

- Consumers and Carers;
- Local Health Networks;
- Clinicians (including General Practitioners)
- Community Health Centres;
- Non-Government Organisations; and
- EMPHN Clinical Council and Community Advisory Committee

The development of the plan is occurring in parallel to other key streams of service development being undertaken by EMPHN including the implementation of mental health stepped care, psychosocial responses, suicide prevention and alcohol and other drug models of care. These processes have also formed part of the consultation.

The Aboriginal Community is currently working with EMPHN to lead the development of better processes for engagement and service development. In consideration of this work, more targeted consultations will occur with Aboriginal and Torres Strait Islander community groups in early 2019.

The plan will continue to be developed with key stakeholders and is due for completion mid to late 2019.



Principles

The following principles have been identified through the consultation process:

- Understand and acknowledge unique individuals within their context;
- Respect, listen and hear;
- Partner with greater transparency, trust, effective communication and shared accountability;
- Provide a whole of person approach to care based on social determinants;
- Be responsive to individuals, their families and carers to best meet their needs and be open to new ways of working;
- Promote equitable and inclusive access;
- Simplify, coordinate and integrate care;
- Deliver evidence informed interventions that are data driven, high quality and safe; and
- Supported, skilled, capable and diverse workforce.

Commitment to partner

With greater transparency, trust, effective communication and shared accountability

We propose that the plan and its implementation is underpinned by a general principle of greater transparency of information, trust and effective communication between key stakeholders and the community to support better outcomes and accountability.

To truly develop a more integrated system we will need greater transparency and sharing of individual and service system outcomes, mapping of service system delivery and sharing of organisational plans and strategies. It will be critical for service providers to trust that this information is shared with the intent of:

- improving outcomes for consumers and their families;
- understanding the health and service system needs of the region;
- reducing duplication in service delivery;
- increasing efficiency;
- improving service system design; and
- enhancing shared accountability.

It is important to identify the barriers, as well as the key actions that will be needed to progress this shared commitment.



Plan Development

The Plan will cover the lifespan – from children through young adults to older people; and address the needs of people across the mental health stepped care spectrum – from prevention, early intervention to severe and complex mental illness.

The plan will be underpinned by the agreed principles with the overarching outcome to improve:

- consumer and carer experience;
- practitioners experience;
- population health outcomes; and
- utilisation of available resources.

The many strengths of the current service system will be incorporated within the plan, recognising that these are not always coordinated and universally applied across the entire region. It is envisaged that the plan will identify and promote best practice and encourage broader application.



Emerging Themes

Initial consultation has identified the following 10 key themes for further consideration:

1. Improving outcomes for young people

There is a need to develop a mental health stepped care model for young people involving key stakeholders in the east of Melbourne. This model will consider young people, families and carers, education and workplaces, and primary, community and acute care, with the aim of increasing the identification, support and wellbeing of those who are vulnerable or at risk. Integrated governance to achieve greater coordination and simplification of the service system has been raised.

2. Improving pathways of care for people with alcohol and other drug issues

Key service priorities identified include whole of person care, communication, integration and access, needs of families and carers and workforce development. Integration with the mental health service system and alignment of state funded and EMPHN commissioned services is critical.

Emerging Themes cont...

3. Chronic and complex mental health needs

It is of critical importance that people with chronic and complex needs, including clinical, psychosocial and care coordination, have easy access to a responsive, simplified and individualised service system. This model of care will need to enhance linkages and pathways across health and social services. Ensuring the workforce is supported to enhance the quality and responsiveness of care is essential.

4. Physical health needs of people with a mental illness

People with complex mental illness are more likely to have poor physical and dental health outcomes. There is a need to improve identification of those in need and access to appropriate primary and specialist care.

5. The needs of older people

Developing systems to better enable our workforce and consumers and carers to earlier identify older people at risk of mental health or alcohol and other drug issues, and encourage access to supports. Creating a more connected system of care will be considered.

6. Suicide Prevention

A coordinated systems based approach, well developed pathways for care and follow up, cross sectoral agreement and inclusion of key local factors in order to shift service delivery to earlier intervention are required.

7. Access to quality and culturally appropriate care for Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities

A need to address the social and emotional wellbeing of individuals in communities at risk. Specific actions in this area require further consultation and identification.

8. Increasing support for GPs and general practice

General practice is an essential component of the mental health and AOD service system. Consideration of how best to support and value the GP workforce and the primary care sector in the longer term management of consumers with mental health and drug and alcohol issues was raised.

9. The role of quality, safety and clinical governance in complex integrated care

A shared clinical governance framework to support more effective care pathways, simplified referral mechanisms, quality processes and the capacity to learn from adverse events and poor outcomes.

10. Information management and data sharing

The importance of information management and data sharing in order to understand the health and service system needs of the region to inform integrated and coordinated service system planning. A shared understanding of how we will manage the effectiveness of the implementation of the plan will need to be developed.

Next steps

Feedback garnered through this process will be incorporated into the planning process.

Over the next two months EMPHN will commence setting up working groups around the specific priority areas identified through the consultation phase. Each working group will have consumer and carer representation as well as service providers.

During this period additional mechanisms for ongoing feedback include:

Website: connectingpeople-ourplan.com.au

Email: consultation@connectingpeople-ourplan.com.au

By late February 2019, an update incorporating feedback from this discussion paper and input from the working groups will be disseminated.

Conclusion

EMPHCC continues to work towards a shared strategy to develop meaningful actions to improve mental health and alcohol and other drugs outcomes for our community.

Your feedback is important in ensuring the plan is locally tailored and responsive to regional needs.

The discussion paper is open for feedback until Friday 21st December, 4pm.

We would value your response on the specific elements identified in this discussion paper in order to guide the next stages of the plan development. Please complete the feedback sheet and have your voice heard.

- i. National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services Summary. Sydney: NMHC, p.6-7
- ii. The Fifth National Mental Health and Suicide Prevention Plan, National Mental Health Strategy, 2017 p.19.
- iii. Commonwealth Department of Health. 2017. *National Drug Strategy 2017-2026*. Canberra. p.6
- iv. Black Dog Institute. *Facts and figures about mental health*. [ONLINE] Available at: https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8. [Accessed 15 November 2018].
- v. Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW. P.11
- vi. EMPHN Draft Needs Assessment Report ,2018. Section 5: Alcohol and other Drugs Treatment
- vii. Safer Care Victoria. 2018. Victorian Clinical Council Advice: Integration of care: from fragmented to seamless.

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