

Mental Health Stepped Care Model

Discussion paper

August 2017



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EASTERN MELBOURNE

An Australian Government Initiative

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About Eastern Melbourne Primary Health Network



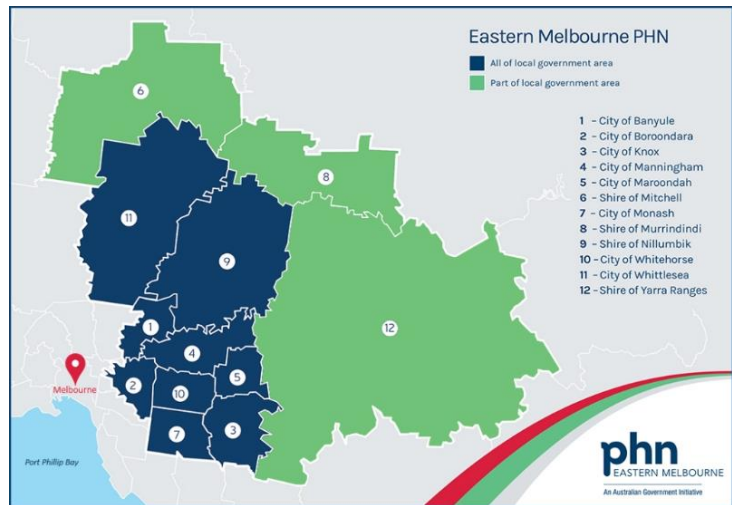
Eastern Melbourne Primary Health Network's (EMPHN's) activity in the mental health space aims to build and enable the capacity of all stakeholders to lead mental health and suicide prevention planning, commissioning and integration of services to improve outcomes for members of the community.

These outcomes include employment, stable and secure housing, social participation, access to integrated care and clearer referral pathways.

EMPHN was established on 1 July 2015 and is one of the largest in population terms of the 31 PHNs located across Australia.

EMPHN's five strategic priorities are:

1. Addressing health gaps and inequalities
2. Enhancing primary care
3. Leveraging digital health, data and technology
4. Working in partnership to enable an integrated service system, and
5. A high performing organisation.



EMPHN works across 12 LGAs in eastern and north eastern Melbourne and broadly aligns with the boundaries of the Austin and Eastern Health local health services.

The core mission of EMPHN is
“with our partners, we facilitate health system improvement for people in eastern and north eastern Melbourne.”

This paper aims to provide an overview for consumers, carers, clinicians and providers of the emerging evidence of integrated and stepped care service models, the potential of e-health technologies in service provision, and a blueprint for EMPHN to roll out a new model of stepped care for mental health in the region.

The Ground Work

Following on from the Government’s response to the National Mental Health Commission’s *Review of Programmes and Services* in 2014, PHNs across Australia are leading reform initiatives in a number of key areas. One of those is the introduction of stepped care in mental health.

EMPHN completed a regional Needs Assessment in March 2016 and initial Mental Health and Alcohol and Other Drug Activity Plans for 2016-17. Consultations and co-design forums with stakeholders commenced in the latter half of 2016 and early 2017 on the development of stepped care models and low intensity services. It was clear from these consultations that the current system of care could improve to better meet the needs of the people of the region. Table 2 below summarises the important shifts stakeholders want to see in mental health care.

TABLE 1 THE IMPORTANT SHIFTS HIGHLIGHTED BY STAKEHOLDERS

From	To
Program and funding centred system	Human and consumer centred system
Delivered outside of primary care	Delivered in primary care settings and communities
Off to the side (mental health is separate)	An integrated and mainstream part of primary care
Limited consumer choice, based on what’s been done before	Expanded consumer choice, based on what works
Some evidence base for program design, but often rationale for decisions is unclear	Evidence informed care and support, with room for innovation
Onerous reporting and data collection, but data is not tied to system improvement	Robust measurement of outcomes and consumer experience, that directly informs ongoing system improvement
Lethargic, reactive service system	Proactive service system
Reliant on face to face and telephone interaction	Digitally relevant, flexible across all modes of communication and interaction

The four key themes from these consultations were:

1. a proposed **vision** for the mental health system of care and support,
2. the **principles** that must underpin the vision,
3. how the **quadruple aim**¹ supports the vision and ensures no area is overlooked, and
4. a set of practical **strategies** to realise change over time.

What is Stepped Care?

Stepped care proposes that the level of intensity of care should be matched to the complexity of the conditions being experienced by any given consumer.

1. The Quadruple Aim has been adopted by EMPHN. It is aimed at impact across four domains: better outcomes for consumers; Improved consumer experience of care; improved workforce experience; and lower cost of healthcare.

Once an assessment is complete, the most appropriate, cost effective level of care needs to be provided and continually re-calibrated to the consumer's changing needs.

A stepped care model (SCM) supports the delivery of integrated care.

Integrated care means that the person who uses services and support provided by the community (called in this instance the consumer) is at the centre of their health care planning and has pathways to access the care that they need, when they need it.

I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.

The SCM aims to:

- Offer a variety of support options for people with different levels and types of need
- Provide clear pathways between these options as individuals' needs change
- Improve collaboration and integration between services, and
- Connect to other community, health and clinical mental health services available in the local area.

Stepped care proposes that the level of intensity of care should be matched to the complexity of the conditions being experienced by any given consumer.

A typical stepped care model includes:

1. Clearly Identifiable Steps:

- Step 1: Self-help and the digital gateway
- Step 2: Guided self-help group work
- Step 3: Brief individual therapy
- Step 4: Longer term individual therapy
- Step 5: Secondary and tertiary care

2. Coordinated Movement Across Steps:

Moving up or down steps, coordinated by the GP, mental health nurses, individual or other provider.

3. Self-Correcting Levels of Care:

The individual knowing themselves - when to step up or step down with minimal supports.

Care may range from using a digital app, to brief non-intensive interventions initiated by a GP, to interventions requiring the coordinated, ongoing efforts from a range of professionals on a range of conditions.

Interventions within a stepped care model must be consistent with the principles of self-management and have wider application beyond mental health.

TABLE 2 STEPPED CARE CRITERIA EXPLAINED²

Stepped Care Criteria	
Entry level prevention and treatment interventions	Self-management principles aimed at building skills and motivation to remain healthy. These should be minimally intrusive, easy to implement, designed with a broad range of mental health concerns, evidence based, cost effective and likely to have broader population impact beyond the individual.
Enhanced treatment options	Strategies to meet the needs of those who do not respond to self-management strategies. These may involve psycho-education combined with evidence based treatment. Evidence suggests that psycho-education combined with reduced intensity cognitive behavioural therapy can be as effective as complete cognitive behavioural therapy treatment. ³
Aftercare strategies	Necessary for patients requiring longer term follow-up and monitoring.
Effective follow-up	Essential for patients with chronic depression and/or experience of suicidal ideation or suicide attempts.
Complimentary support	Supporting the development of self-management skills through social prescribing and referrals to complementary support services.

Stepped care in EMPHN

1.1 Our approach to stepped care

At EMPHN we propose going beyond the population-level models commonly developed elsewhere.

Here, stepped care will be supported through the deployment of existing clinical staging guides and the development of additional staging guidelines – co-produced with local service providers, consumers and external experts to ensure they are relevant, robust and recovery oriented.

Secondly, we propose a phased approach over an initial three-year period. The commissioning of youth services, new youth severe services, new alcohol and other drug (AOD) services, and new low intensity services, including e-mental health tools and apps, will all contribute to a transformation of care for those in our community needing mental health support.

Consumers’ ability to access multi-disciplinary, integrated mental health services will form a critical piece of service architecture across the region⁴. Commissioning of integrated approaches to mental health care will commence in specific LGA areas in late 2017 with services operational from January 2018.

Through new service commissioning, EMPHN will change the model of care and the pathways of care between primary care practices, specialist services and hospital services. The proposed approach will also enhance access to care and drive quality improvement through early adoption of practice innovation.

Over time this integrated mental health service approach will establish strong links to local GPs and support them in care management of people with moderate to complex mental health needs.

2. Extracts & adapted from Anderson J. (2003). Stepped Care – Moving beyond the vision to evidence. *Visions*. 2003. 1 (18)

3. Treasure J, et al. (1996). Sequential treatment for bulimia nervosa incorporating a self-care manual. *British J Psychiatry*. 168 (1)

4. Note, any costs associated with capital works (construction or refurbishment) will not be borne by the PHN.

1.2 The EMPHN Stepped Care Project

In June 2017, EMPHN engaged ConNetica⁵ to support the development of its stepped care model and subsequent implementation.

Specifically, this involves:

- a) Review the draft stepped care model and develop an updated model
- b) Provide input into the component parts of service packages within the stepped care model
- c) Develop guidelines to support implementation of a new stepped care model, and
- d) Develop a transition plan for the new mental health stepped care model

Through these activities, a framework will be developed to improve access to care for consumers and carers, and to support future policy and decision making within EMPHN. ConNetica will support EMPHN and regional service users in implementation, planning and co-design of integrated care pathways, and stepped care and clinical staging models. This work will ultimately inform the design and commissioning of health services in the region.

1.3 Associated initiatives

To date several co-design forums have been undertaken by EMPHN. In addition to the specific project work on the development of stepped care and clinical staging in EMPHN, there are several interrelated projects, namely the preparation of:

- The Integrated Mental Health Atlas⁶ of the region
- The Regional Needs Assessment for Mental Health and AOD
- The Strategic Suicide Prevention Plan
- The Strategic Mental Health and Alcohol and other Drugs Plan, and
- Lead site for Low Intensity mental health services.

All of these tasks will be completed on or before the end of February 2018.

1.4 The Plan

What	When
Agree on principles and overall approach	By 31 August 2017
Agree on strategies	By 31 August 2017
Agree on governance, monitoring and reporting and engagement over the transition period to June 2019	By 31 August 2017
Confirm staged approach to commissioning services including transition models of care	By 30 Sept 2017
Ongoing engagement and consultation with stakeholders	1 July to 30 September 2017
Develop detailed clinical staging guidance, processes and tools	From 1 Sept 2017-30 Jun 2018
Develop and undertake workforce training	From 1 Sept-30 Jun 2018

5. ConNetica's mission is to **create better futures** for individuals, organisations and the broader community through our suicide prevention training programs, thought leadership in mental health and suicide prevention, program evaluation, digital service mapping solutions and service collaboration and integration strategies.

6. The Integrated Mental Health Atlas of EMPHN will map services in the mental health, suicide prevention and alcohol and other drug sectors across the region and also integrate population profiles, risk factor and mortality data. By the end 2017, similar Atlases have been completed for almost half of the PHN regions across Australia. This will enable EMPHN to compare services.

Complete (Draft) Integrated Mental Health and Alcohol and Other Drug Atlas for EMPHN	By December 2017
Complete an Updated Needs Assessment	By 30 November 2017
Trial SC&CS in specific locations/with partners	From 1 January 2018
Extend number of locations and partners in SC&CS approach	From 30 June 2018
Continuous improvement and reporting	Ongoing
Extension of SC&CS model to all EMPHN contracted providers and partners	By early 2020.

1.5 Phased Commissioning by LGA

From January 2018, new stepped care arrangements will be operational and implemented in a phased approach.

Three stages

- Stage 1: North East (Jan 2018 onwards)
 - City of Whittlesea, Shire of Nillumbik and City of Banyule, parts of Shires of Mitchell & Murrundindi
- Stage 2: Outer East (July 2018 onwards)
- Stage 3: Inner East (Jan 2019 onwards)

About - Integrated Mental Health Services

Features of this service architecture include:

- Operating as a 'walk-in service' that's open for longer hours, which may be co-located within an existing facility
- Provide assessment and care for all people with mental health needs
- Capacity to quickly refer consumers to acute care if required
- Provision of (but not limited to) computerised cognitive behaviour therapy (cCBT), self-help, mindfulness, guided self-help, brief intervention, family therapies, cognitive behaviour therapy (CBT), interpersonal psychotherapy (IPT) and other psychotherapies, motivational interviewing, neuropsychological assessment and treatment, group therapy, and pharmacological treatments
- Provide individual care plans for people with moderate to complex needs
- Include a mental health team with peer workers, GPs and consultant psychiatry support
- Support assessment with technological systems in 2018
- Assist consumers with issues relating to smoking, diet and weight management, exercise, physiotherapy, pilates, therapeutic massage, pain management, through programs or referrals
- Defined care pathways to and from hospital based services, and
- Connect non-health providers (e.g. housing, employment, family violence, child support, education)

Transitioning arrangements for clients currently receiving psychological support or mental health nurse services must be provided by the commissioned stepped care provider/s.

The flow chart (Figure 1) shows the specific assessment, intervention and pathways for treatment of transitional and younger adult presentations (12-30 years).

Opportunities being explored

Opportunities Being Explored



Integrated Mental Health Services - walk-in operating extended hours

Rapid referral to acute care where required for consumers assessed as stage 2 or above in the clinical staging model



Multi-disciplinary mental health care teams with peer workers, GPs and consultant psychiatry support

Comprehensive initial assessment of consumer's needs - complex assessments by a senior mental health clinician



Utilisation of My Health Record (at the discretion of clients)

Development of individual care plans and defined pathways into, through and out of hospital based services



Provision of evidence based e-health tools for low intensity treatment

Networks of social support and care, and provision of physical health care to support mental health



Co-Designed with Stakeholders

Supported by Measuring Progress and Evaluation

Routine reporting by commissioned services against an outcomes framework will be implemented by EMPHN. Suggested criteria:

EMPHN Stepped Care

MEASURING SUCCESS

Developing a region wide mental health indicator set: Service and consumer outcomes	Utilisation of a region wide Maturity Model for Integrated Care
Measuring organisation context and capacity to deliver integrated care	Detailed case study reports using a common template between services
Commissioning of a study to evaluate implementation of integrated and stepped care in EMPHN	



About Technology and using e-Health solutions

Australians are some of the world's most prolific users of technology. Ninety-three percent of Australians access the internet daily, with nearly half doing so more than five times a day.

Along with this consistent increase in technology use in Australia, recent research has also found a strong and increasing preference among people with mental health needs (especially those from younger age groups) to access help and support online as opposed to other mediums.

What are the advantages of incorporating e-mental health technologies into service models?

Benefits of E-Health Services

- 1 Knowledge**
Enables individuals to increase their knowledge of mental health and wellbeing
- 2 Peer-to-Peer**
Online peer support can be sought and provided in between clinician appointments
- 3 Peer content**
Social networks can refer users on to peer-rated (and peer created) resources
- 4 Prevention skills**
Mobile apps are available to assist the public with supporting a person they are worried about
- 5 GPS Capability**
GPS devices can provide information about close supports and services
- 6 Reduced cost**
E-health services are more cost effective to deliver
- 7 Anonymity**
E-health services can be accessed with greater anonymity than face-to-face services
- 8 24/7 Access**
Depending on the type of service, 24/7 access is possible

FIGURE 1 INTEGRATING ASPECTS OF CLINICAL STAGING IN STEPPED CARE FOR EMPHN

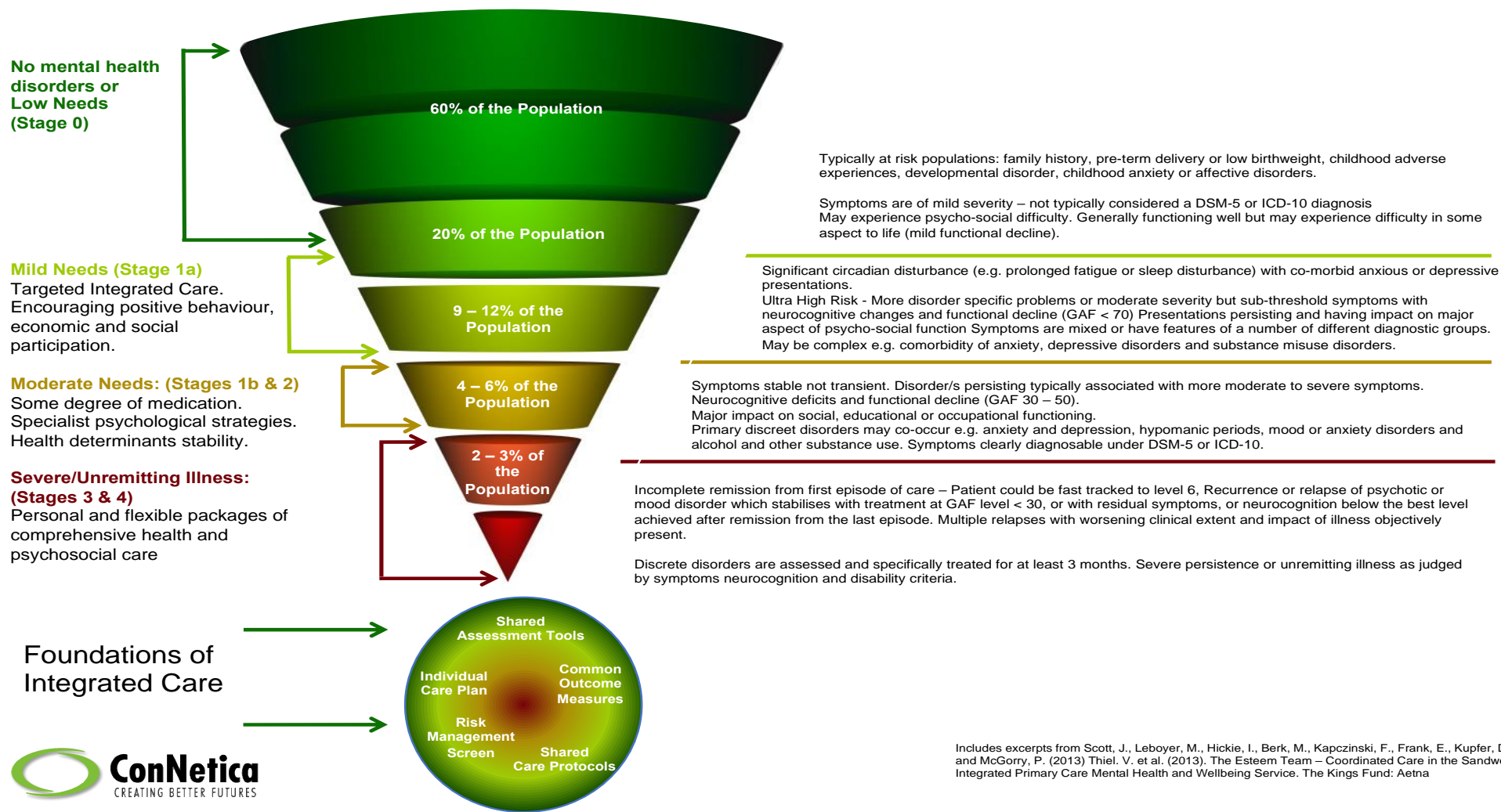
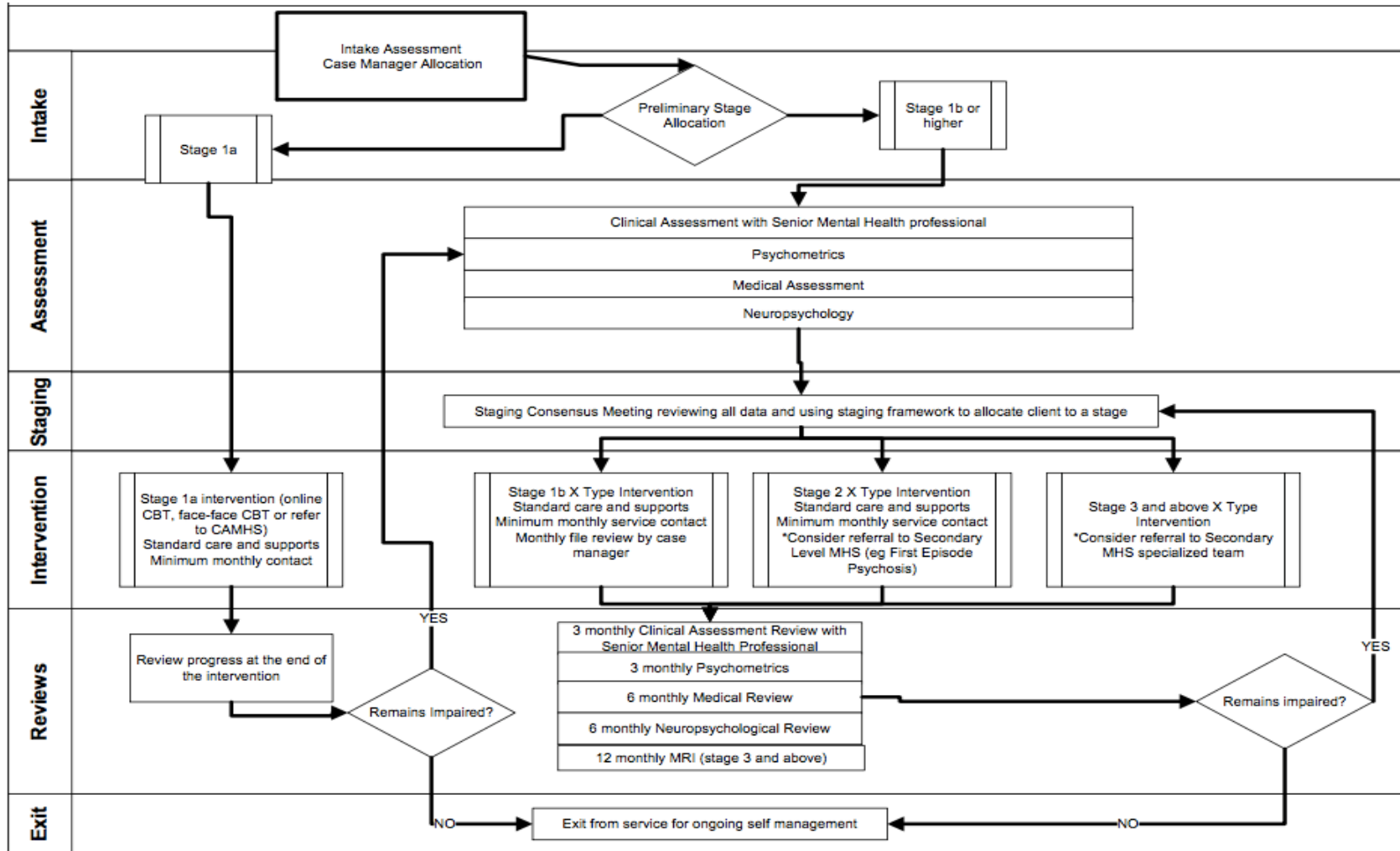


FIGURE 2 CLINICAL STAGING PATHWAY FOR EARLY INTERVENTION STEPPED CARE⁷



⁷ Cross and Hickie, 2017

What can you do?

1. Provide feedback on the overall approach
2. Provide feedback on the following specific aspects:
 - a. the transition plan
 - b. the proposed model of stepped care in EMPHN incorporating aspects of clinical staging
 - c. the clinical staging pathway to care
 - d. the use of e-mental health tools for different stages and for different users
3. Provide input into the future development of clinical staging guidelines.
4. Provide input into the future development of the workforce development and support strategy.
5. Tell us what you need in the next month, 3 months, 6 months to assist in the implementation of stepped care in EMPHN.

How to provide feedback:

- Complete the online survey <https://www.emphn.org.au/stepped-care-model-engagement>
- and/or
- Provide a written submission along with the completed feedback form available on our website to steppedcare@emphn.org.au

Please provide your feedback by 4pm on Friday 8 September 2017.

For all enquiries, please contact:

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**Thank you for your contribution to better mental health care
in Eastern Melbourne.**

