

Mental Health Stepped Care Model

Eastern Melbourne PHN

Eastern Melbourne PHN's (EMPHN's) Mental Health Stepped Care Model is a new way of delivering mental health services.

Who can access the Mental Health Stepped Care Model?

- People of all ages who live or work in eastern and north-eastern Melbourne (EMPHN's catchment), who are not able to afford or access similar services, are eligible to be considered for the Mental Health Stepped Care Model.
- Consumers can self-refer or be referred by a healthcare professional.

What to expect from Mental Health Stepped Care?



Mental Health Stepped Care is an evidence-based, staged system of care that includes a range of mental health interventions, from the least to the most intensive.



Clinical staging (0-4) is determined by using a combination of assessment information about help-seeking, and level of symptoms and functioning.



According to the clinical stage, the level of intensity of care is matched to the complexity of the conditions experienced by the consumer.



There are a range of service interventions including eHealth solutions such as online support groups and apps, to group therapy, individual therapy and care coordination.



The range of services are delivered by peer workers, social workers, psychologists occupational therapists and credentialed mental health nurses among others.



The model emphasises collaborative care working with the consumer's GP, care team and significant others when appropriate.



The model also addresses other needs including physical health, education and employment, alcohol and other drug harm reduction, family and social functioning, and suicide and self-harm reduction.

Implementation timelines

The Mental Health Stepped Care Model will be operational at various locations throughout EMPHN's catchment from 14th January 2019.

How do I refer?

- **Healthcare providers:**

The MH Stepped Care referral form is available on www.emphn.org.au/mh-steppedcare in the right hand column.

This is also available in Medical Director and Best Practice Versions.

A Mental Health Treatment Plan is not required, however if there is one in place it can be forwarded with the referral in addition to any other supporting documentation/assessment.

Your referral can be faxed to EMPHNs Referral and Access Team on: (03) 8677 9510.

- **Other referrers and self-referrals:**

Call EMPHN's Referral and Access Team on (03) 9800 1071, or directly to the providers listed on the back of this flyer.

Can I choose the provider?

There are three Stepped Care providers, to cover the North East, Inner East and Outer East of the EMPHN catchment. Locations will be available from a number of sites, or via telephone/e-health if preferred.

Referrals can be made directly to the Stepped Care providers:		
North East (Whittlesea, Nillumbik, Banyule and parts of the shires of Mitchell and Murrindindi within the EMPHN catchment)	Inner East (Manningham, Boroondara, Whitehorse and Monash)	Outer East (Knox, Maroondah and Yarra Ranges)
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Banyule HC: 03 9450 2000 <input checked="" type="checkbox"/> HealthAbility: 03 9430 9160 <input checked="" type="checkbox"/> Nexus: 1300 773 352 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Access Community Health: 1800 378 377 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Access Community Health: 1800 378 377

Consumers are also able to be seen at:		
North East	Inner East	Outer East
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Eltham (HealthAbility) <input checked="" type="checkbox"/> Epping (Banyule CHS Whittlesea) <input checked="" type="checkbox"/> Greensborough (Banyule CHS) <input checked="" type="checkbox"/> Heidelberg West (Banyule CHS) <input checked="" type="checkbox"/> Kinglake (Nexus Primary Health) <input checked="" type="checkbox"/> Mill Park (Banyule CHS Whittlesea) <input checked="" type="checkbox"/> Wallan (Nexus Primary Health) <input checked="" type="checkbox"/> Whittlesea (Banyule CHS) <input checked="" type="checkbox"/> Whittlesea 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box Hill (Carrington Health) <input checked="" type="checkbox"/> Doncaster East (Access Health and Community) <input checked="" type="checkbox"/> Glen Waverley (Link Health and Community) <input checked="" type="checkbox"/> Hawthorn (Access Health and Community) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Belgrave <input checked="" type="checkbox"/> Boronia <input checked="" type="checkbox"/> Healesville <input checked="" type="checkbox"/> Ringwood <input checked="" type="checkbox"/> Yarra Glen

What happens after referral?

If on the initial screening a person is assessed as appropriate for MH Stepped Care Services, they will be allocated to a provider who will complete a more thorough assessment. A collaborative care plan with the consumer and their wider care team will also be developed. This may include a range of service interventions offered as part of the Mental Health Stepped Care Model, and linkages with other services.

EMPHN - Mental Health Stepped Care Model

An integrated treatment service for consumers with mental health issues that considers the needs of the whole person.

A **free service** which is easy to access via:

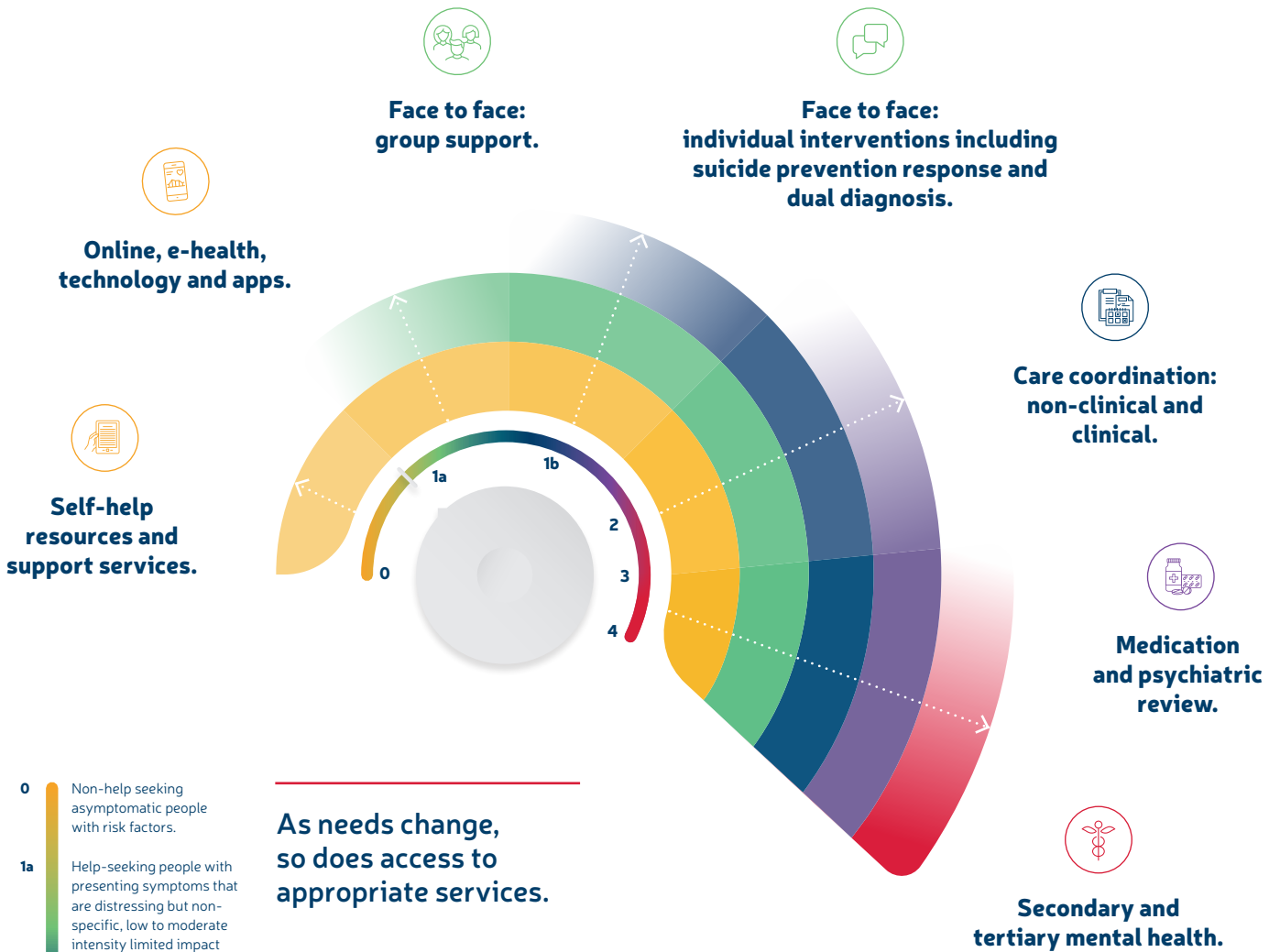
- ✓ **PHONE**
- ✓ **ONLINE**
- ✓ **IN-PERSON**
- ✓ **E-REFERRAL**

The **Clinical Staging** ensures care is tailored to address the consumer's **current needs**.

Addressing **the whole of person needs**, including housing, employment, education, physical, social and emotional health.

A **Collaborative Care Plan** keeps the consumer and their carer at the centre of care and keeps the team connected and informed.

Regular reviews ensure the Collaborative Care Plan is matched to consumers changing needs.



- 0** Non-help seeking asymptomatic people with risk factors.
- 1a** Help-seeking people with presenting symptoms that are distressing but non-specific, low to moderate intensity limited impact on functioning.
- 1b** People with attenuated signs and symptoms of severe mental disorders with moderate to severe functional impacts.
- 2** People with discrete first episode signs and symptoms and major functional impacts.
- 3** People with recurrent or persistent signs and symptoms and ongoing severe functional impacts.
- 4** People with signs and symptoms that are severe, persistent and unremitting.

As needs change, so does access to appropriate services.

Supporting Workforce:

- > People with lived experience /peer support workers
- > Mental health clinicians (counsellors, psychologists, mental health nurses, social workers, occupational therapists)
- > General Practitioners
- > Practice Nurses and Psychiatrists