


18/08/2017

# Mental Health Stepped Care Model – Stakeholder Forum



We acknowledge the Wurundjeri people and other peoples of the Kulin nation as the traditional owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

# Mental Health Stepped Care Model Provider Forum

18 August 2017

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## **Recognition of Lived Experience**

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them.

We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

# The journey of co-design



# Tanya Bell

**Facilitator**  
Senior Consultant  
ConNetica

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## Stakeholder Forums

### *The Development of Integrated Care and Stepped Care Systems in Mental Health in EMPHN*

**Dr Tanya Bell and John Mendoza, 18 August 2017**

# UNDERSTANDING THE CONTEXT

SEE SLIDES/VIDEO FROM 10-11 JULY

## There are some givens ...

Introduction of Stepped Care is government policy

Clear expectations have been set for PHNs – timeframes, service improvements, greater numbers of clients

PIR, MHNIP & former ATAPS programs are all affected

Contracting will be to provide integrated clinical care not individual providers

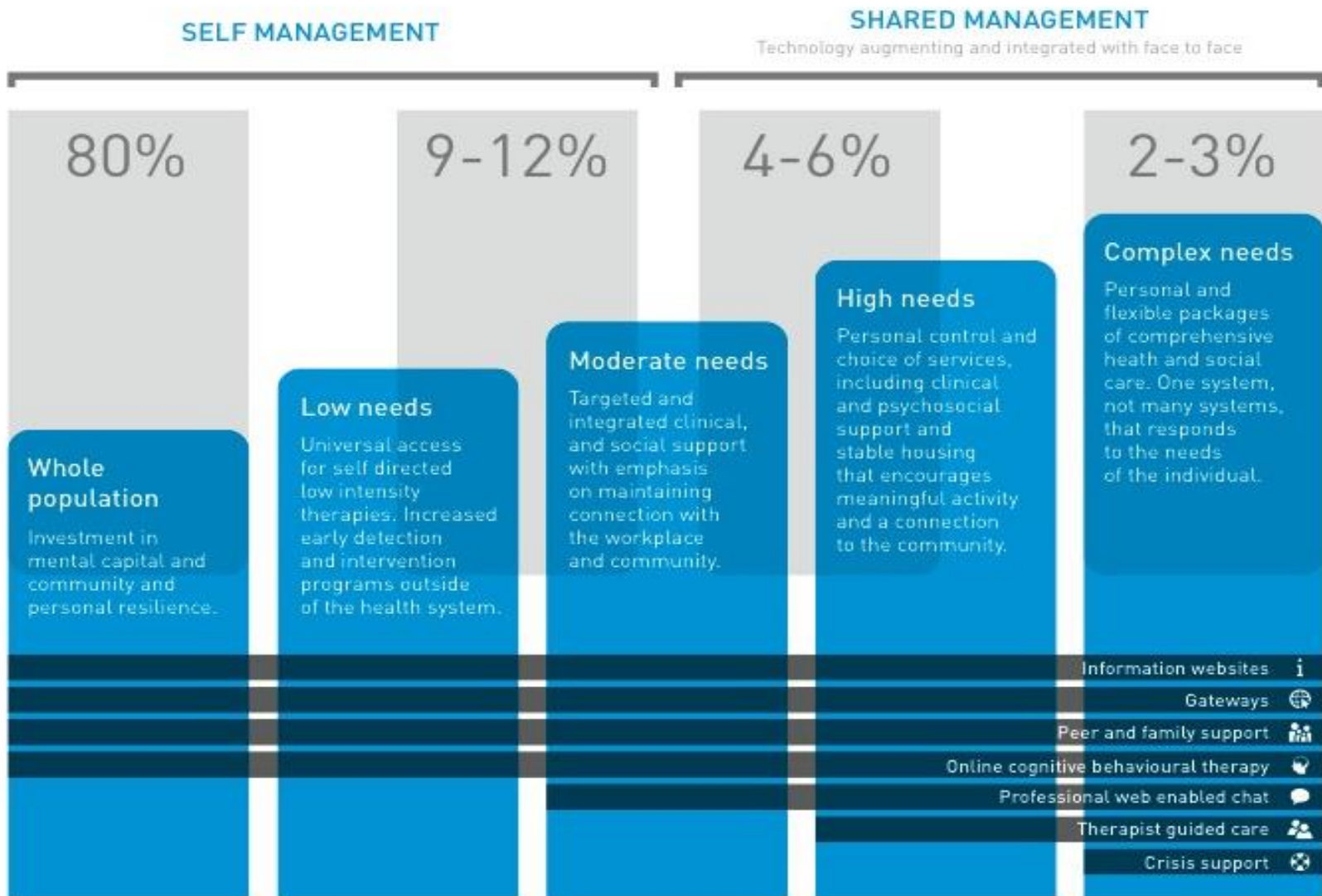
Shift to outcome-focused service delivery

Stepped care is one element of a broader strategy for developing integrated care across primary-specialist-hospital care

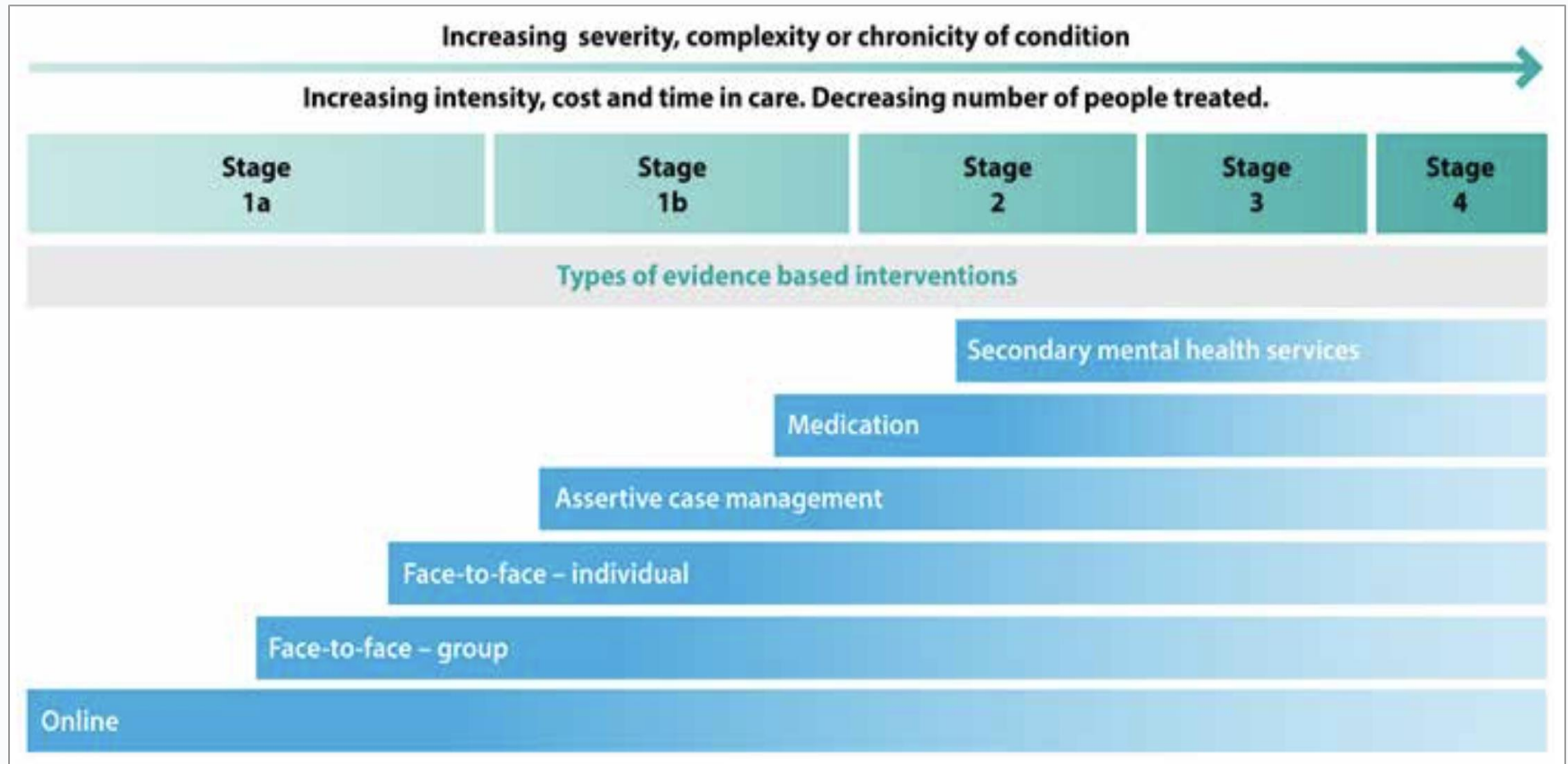
EMPHN has determined that a whole of care model will be implemented in specific LGAs

# DEVELOPING A STEPPED CARE SYSTEM IN EMPHN

Policy imperative: right care at the right time  
in the right way from the right person

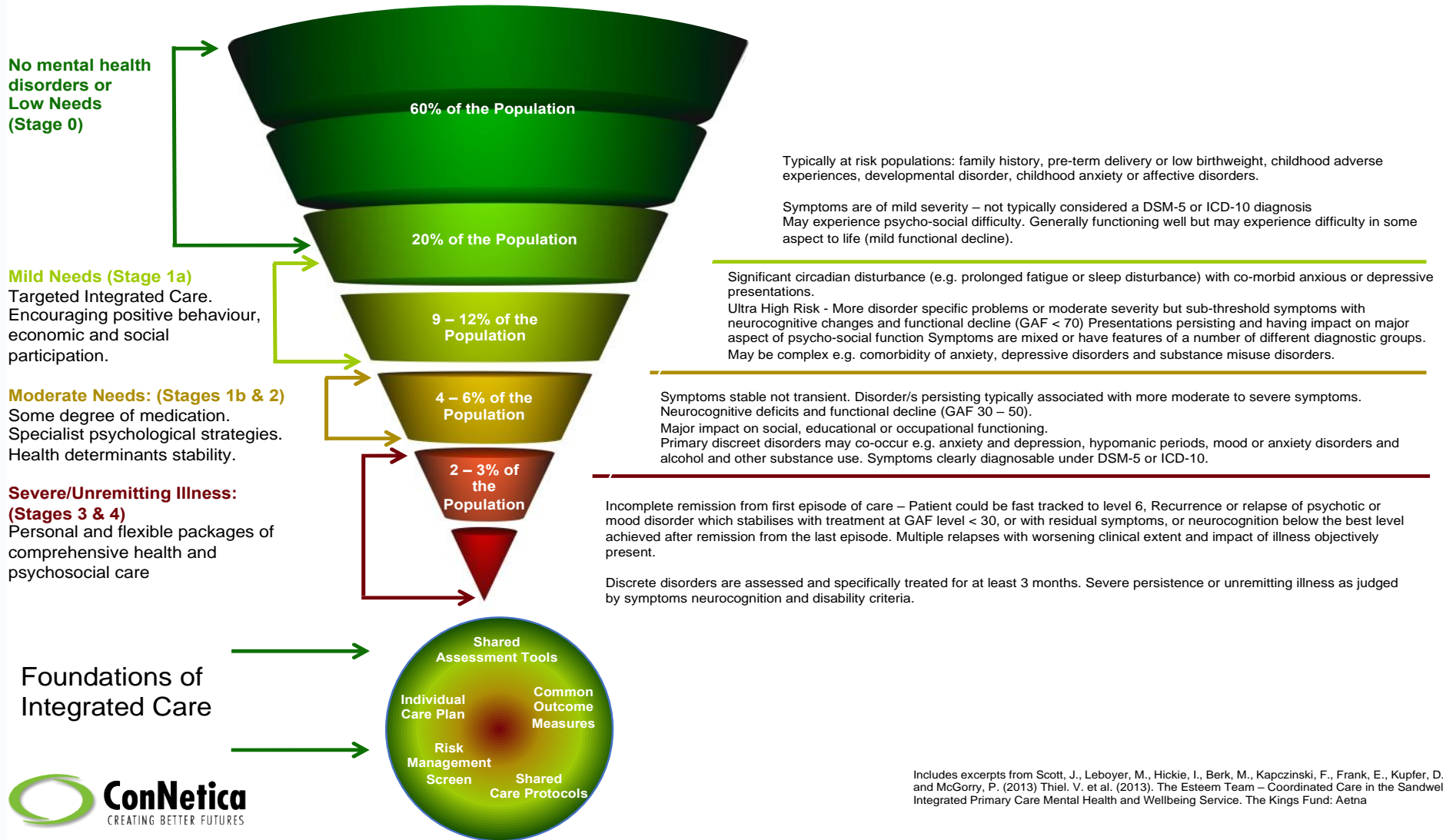


# CLINICAL STAGE AND RECOMMENDED INTERVENTIONS



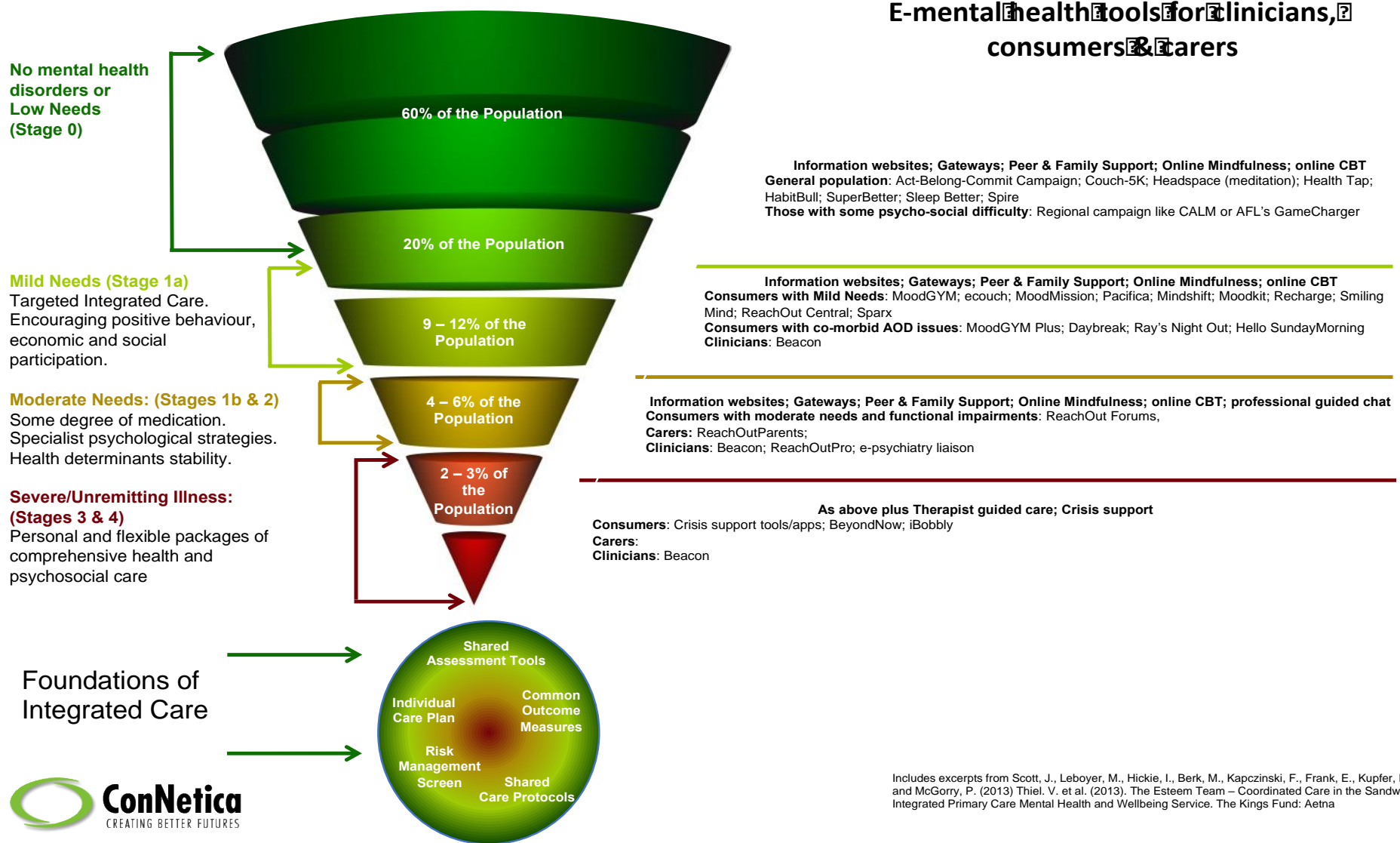
Source: Hickie, Cross & McGorry

# Integrating aspects of Clinical Staging in Stepped care for Eastern Melbourne PHN





# E-mental health tools as part of Clinical Staging in a Population MH Stepped Care Model



## What should be the *GOALS* of care:

1. Specialised assessment early in the course of care (and often repeated in early phases)
2. Then providing the right level of care at the right time to achieve the important outcomes (participation status, risk of harm, physical health, reduced AOD & decreased symptom progression)
3. Early & rapid access to specialised multimodal care where appropriate (may incl. relevant forms of non-acute hospitalisation for assessment)
4. Tracking of progress in all levels of care with easy movement up & down levels of intensity of care – key roles of personal technologies & online environments with communities of support

# Integrated MH Care: key features

A walk-in service, operating extended hours weekdays and Saturdays

Capacity to provide care for all MH presentations with rapid referral to acute care where required – for clients assessed as Stage 2 or higher. For clients at Stage 0 or 1a, provision of low intensity support services.

Multi-disciplinary credentialed MH team with peer workers, GP availability & consultant psychiatry support

Provide an immediate, initial comprehensive assessment of the presenting consumer's needs, with additional assessments for complex presentations by a senior MH clinician

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

Dev't of individual care plan with care coordination for clients with moderate-complex needs (Stages 1b & above)

Defined care pathways to & from hospital based services.

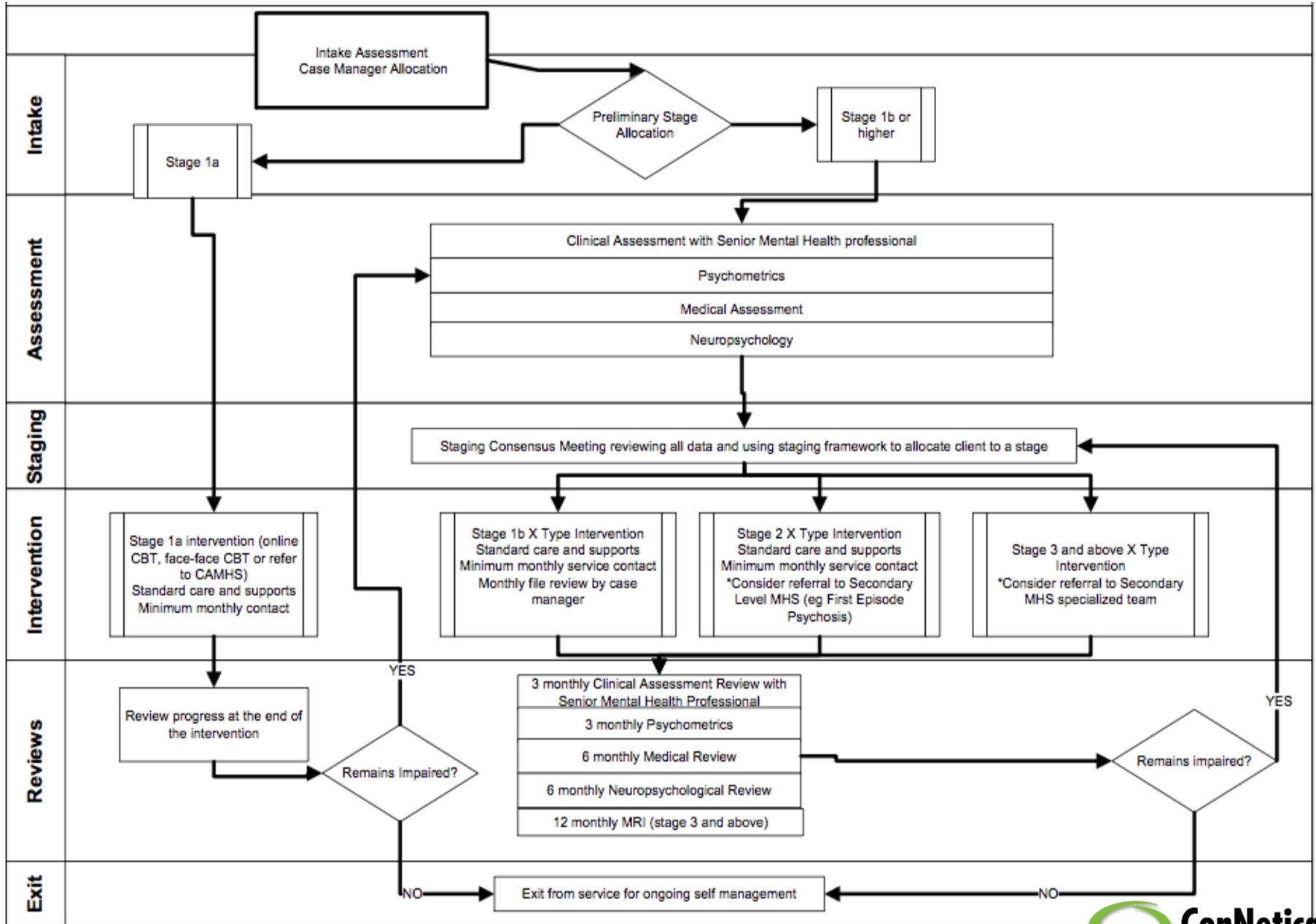
Provision of computerised CBT (cCBT), self-help, guided self-help, Brief Intervention, family therapies, CBT, IPT & other psychotherapies, MI, DBT, neuropsychological assessment & treatment, group therapy, pharmacological treatments

Networks of social care providers in housing, employment, DV, child support, education – possibly with colocation or hot-desk facilities

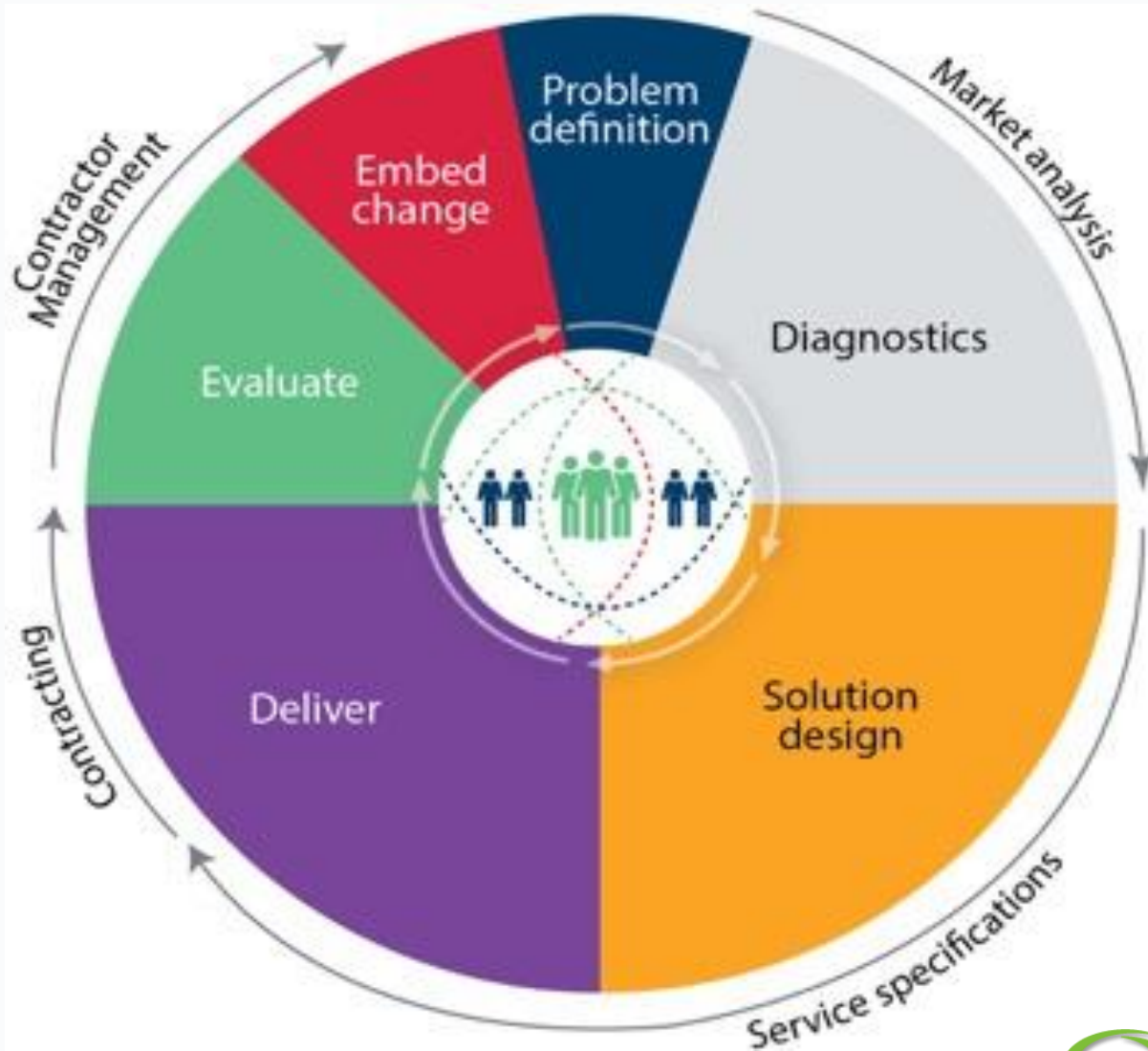
Provision of other physical health screens & fast access/referral to services incl. smoking cessation, diet/weight management, exercise, physiotherapy & pilates, therapeutic massage, pain management

Transitioning arrangements for clients currently receiving psychological support or MHNIP services must be provided by the commissioned provider/s.

# One Sample: Clinical Staging Pathway for Early Intervention Stepped Care



# EMPHN Commissioning Cycle



# Key Steps

What	When	Who
Agree on principles & overall approach	By 31 August 2017	EMPHN
Agree on strategies	By 31 August 2017	EMPHN
Agree on governance, monitoring & reporting & engagement over the transition period to June 2019	By 31 August 2017	EMPHN
Agree on staged approach to commissioning services	By mid Sept 2017	EMPHN
Issue Tender Requests	Mid Sept 2017	EMPHN
Determine Providers	Late October 2017	EMPHN
Ongoing engagement & consultation with stakeholders	1 July-30 Sept 2017	EMPHN
Develop detailed clinical staging guidance, processes & tools	1 Sept 2017-30 Jun 2018	Stakeholders + experts
Develop & undertake workforce training	1 Sept-30 Jun 2018	EMPHN
Complete (Draft) Integrated Mental Health-AOD Atlas	By 1 December 2017	EMPHN+ ConNetica
Complete (updated) Needs Assessment	By 1 December 2017	EMPHN
Trail SC&CS in specific locations/with partners	From 1 Jan 2018	EMPHN+partners
Extend number of locations/partners in SC&CS approach	From 30 June 2018	EMPHN+partners
Continuous improvement & reporting	Ongoing	EMPHN+partners
Extension of SC&CS model to all EMPHN contracted providers & partners	By early 2020.	EMPHN+partners

# In Conclusion then ...

1. The overall policy direction is clear. Making that happen is dynamic & evolving
2. Movement away from category-based systems to individual trajectories & a better empirical base for more personalised treatment approaches
3. Regional, integrated systems of care providing more person centred care will emerge – it will take time & challenge is to scale them – hence, a phased rollout
4. Application of these new approaches at scale – new services (in clinic or online) & linked to tracking technologies
5. Engagement with local providers, clinical & research experts & consumers essential for regional model development

# Thank You

## ConNetica

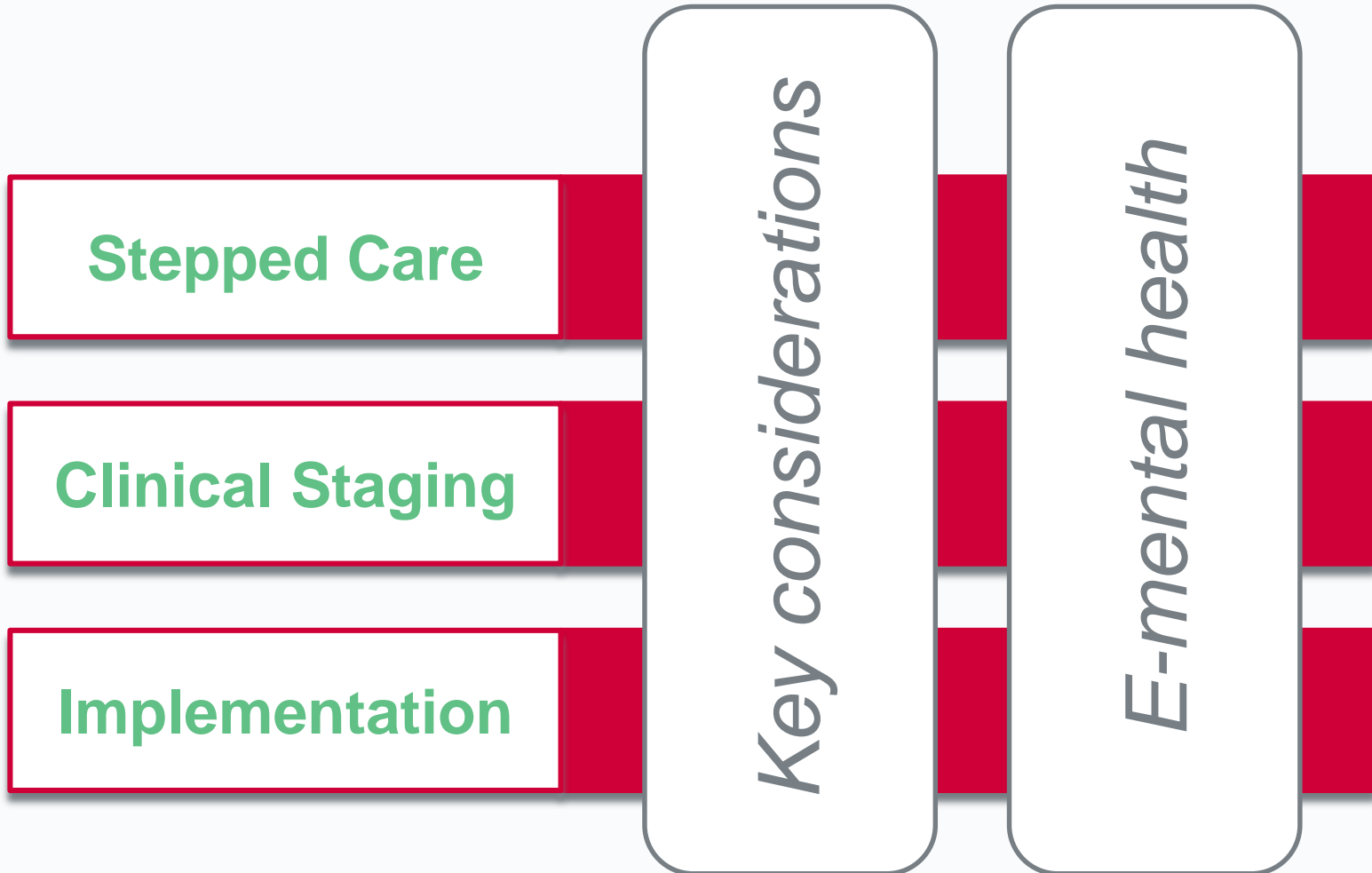
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# GROUP ACTIVITY 1



# GROUP ACTIVITY 2

*In the context of **Clinical Staging** guidelines and **workforce** development.*

What do you see are key things that would assist in the implementation Stepped Care in the EMPHN region?

**NOW** ————— **SOON** ————— **LATER**

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Executive Director Mental Health and AOD

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# Phased approach to Stepped Care Model

Three stages

- **STAGE 1: North East**

City of Whittlesea, Shire of Nillumbik and City of Banyule, parts of Shires of Mitchell & Murrundindi

- **STAGE 2: Outer East**

- **STAGE 3: Inner East**

# Stage 1: North East

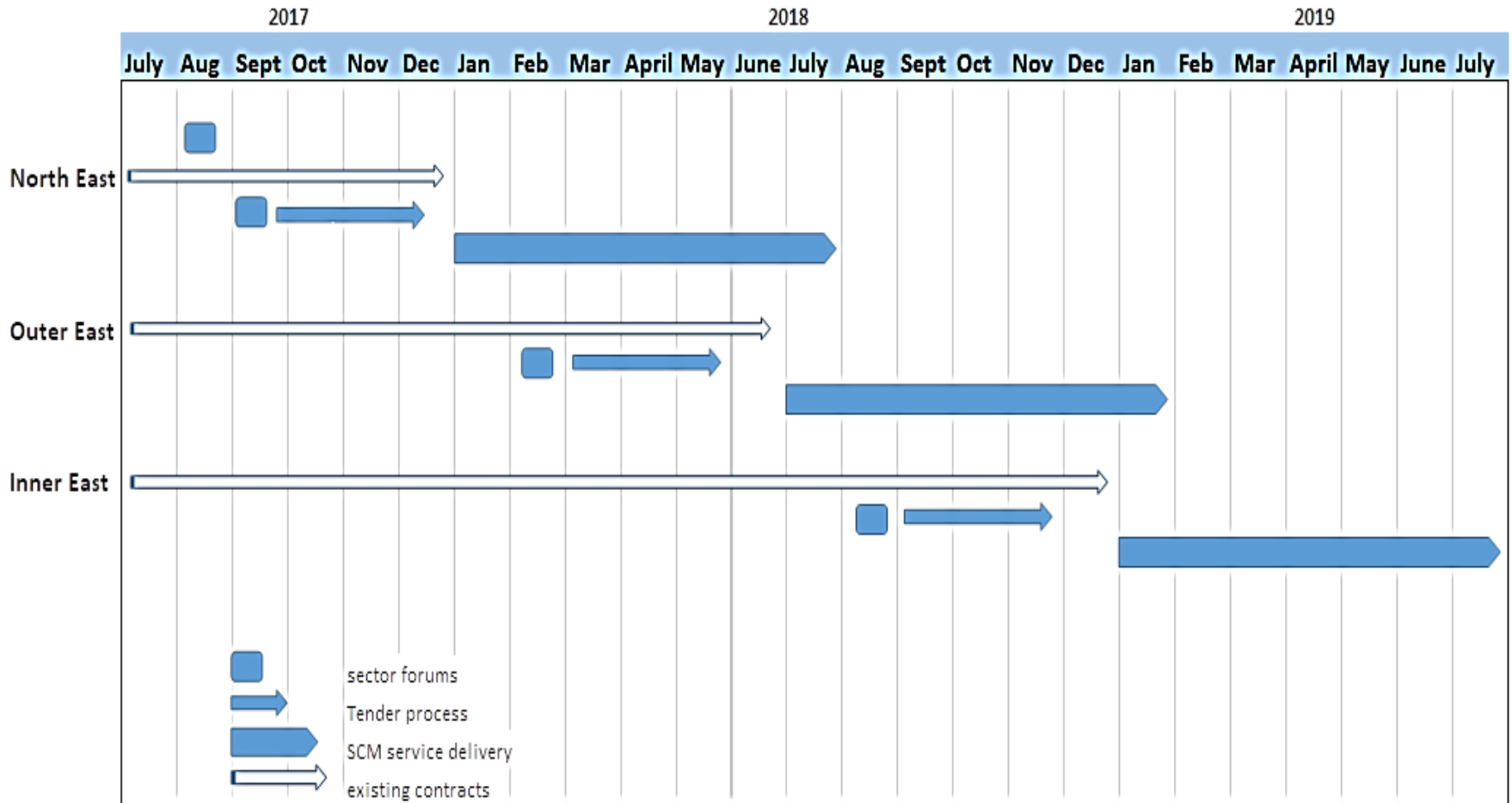
## Indicative Timelines:

Tender open - late September

Sector Briefing – early October

Service commencement 1 January 2018

# Timelines



# Status of current contracts

- Psychological Strategies
  - For providers in the NE – contract extension until 31 December 2017
  - For those providers not in the first tranche of commissioning – East and Inner East - extension until 30 June 2018
- Mental Health Nursing Services
  - For providers in the NE – contract extension until 31 December 2017
  - For those providers not in the first tranche of commissioning - East and Inner East - extension until 30 June 2018– extension until 30 June 2018
- Review and determine contractual arrangements for providers not impacted in the initial two tranches in April 2018

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