

# Mental Health Stepped Care Model

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Co-design and Engagement  
Summary Report

September 2017



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EASTERN MELBOURNE

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An Australian Government Initiative

## Purpose

This report provides an overview of consultation undertaken during 2016 and 2017 to inform Eastern Melbourne PHN's (EMPHN's) Mental Health Stepped Care Model including the engagement methods, reach and feedback received. While every effort has been made to provide a thorough overview, there may be omissions in the information included and EMPHN acknowledges it is not a comprehensive report on all feedback provided.

## Engagement summary


- EMPHN engaged with more than 450 people via forums, face-to-face consultations, surveys and electronic communication.
- 15 stakeholder forums were held on the Stepped Care Model and related mental health topics attended by consumers, carers, mental health service providers and primary care providers
- 30 people provided written submissions or responded to the Stepped Care Model engagement survey
- More than 500 people visited the engagement website to download the discussion paper in Aug/Sep 2017

## Background

EMPHN's mental health (MH) and alcohol and other drug (AOD) services will be delivered through its Stepped Care Model (SCM), a service delivery framework tailored to regional needs that all Primary Health Networks are mandated to develop and implement. The SCM is part of the Australian Government's response to the [National Mental Health Commission's Review of Mental Health Programmes and Services](#).

## Key activities

Key activities in the development and commissioning of EMPHN's Mental Health Stepped Care Model:

- March 2016: EMPHN completed a regional Needs Assessment and initial Mental Health and Alcohol and Other Drug Activity Plans for 2016-17.
  - Late 2016-early 2017: Consultations and co-design forums with stakeholders were undertaken in the latter half of 2016 and first half of 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 in our region.
  - June 2017: EMPHN appointed consultants ConNetica to work in partnership to develop EMPHN's Stepped Care Model, clinical staging approach and implementation strategy, which was presented for consultation.
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- 18 August – 8 September 2017: Consultation was undertaken on the Stepped Care Model, clinical staging approach and implementation strategy.
- September 2017: EMPHN worked with its consultants ConNetica to develop the commissioning, evaluation and monitoring strategy ahead of EMPHN releasing a tender to the market at the end of September 2017 for Stage 1 mental health stepped care arrangements to be commissioned under the new model.
- Late 2017: Capacity building for the sector including workforce training.
- Late 2017: An Integrated Mental Health Atlas for EMPHN’s catchment mapping existing mental health services and population needs is planned for completion.
- January 2018: Stage 1 commissioned services will become operational in the north east of EMPHN’s catchment.
- 2018 onwards: EMPHN proposes a phased implementation approach over an initial three-year period to the Stepped Care Model.
  - Stage 1: North East (Jan 2018 onwards) City of Whittlesea, Shire of Nillumbik, City of Banyule, and parts of the shires of Mitchell and Murrindindi within the EMPHN catchment
  - Stage 2: Outer East (Jul 2018 onwards) cities of Knox and Maroondah, and Shire of Yarra Ranges
  - Stage 3: Inner East (Jan 2019 onwards) cities of Manningham, Boroondara, Whitehorse and Monash.
- 2018 onwards: Continuous monitoring, reporting and improvement, and ongoing stakeholder communication is planned to occur as transition to the new model occurs from Stage 1 and beyond.
- Ongoing: communication and updates to stakeholders.



## Next steps

Prior to the commissioning of new services under the Stepped Care Model to become operational from January 2018, EMPHN will:

- develop and begin implementing a workforce development plan to support clinicians to upskill and diversify under the new model
- work with the sector to further develop key elements of the initiative
- develop the intake and referral process based on a range of feedback received
- undertake targeted consultation with general practitioners and practice managers to inform future engagement, education and their role in the Stepped Care Model
- develop tools to explain how the Stepped Care Model works i.e. case study examples, videos etc.

As new services become operational under the new model from Stage 1 and beyond, EMPHN will:

- undertake reporting, monitoring and evaluation of commissioned services
- evaluate the impact and outcome of the stepped care initiative
- maintain transparency and accountability to the community



# Appendices

## 1.1.1 Engagements

EMPHN has been engaging with consumers and primary care providers from late 2016 to late 2017 on its Mental Health Stepped Care Model.

Phase 3		
Two Mental Health Stepped Care Model forums	<ul style="list-style-type: none"> <li>• Consumers and carers</li> <li>• Primary care providers</li> </ul>	18 August 2017
Stepped Care Model survey and submissions	<ul style="list-style-type: none"> <li>• Open to the public</li> </ul>	18 August – 8 September 2017
Targeted consultation	<ul style="list-style-type: none"> <li>• EMPHN Clinical Council</li> <li>• EMPHN Community Advisory Committee</li> <li>• GPs</li> <li>• Collaboratives</li> </ul>	Mid August – late September 2017
Phase 2		
EMPHN stakeholder forums - Mental Health Stepped Care Model	<ul style="list-style-type: none"> <li>• Mental Health Nurses Incentive Program providers, Psychological Strategies providers, GPs and eligible organisations</li> </ul>	10 and 11 July 2017
EMPHN Mental Health Nurses Incentive Program Forum	<ul style="list-style-type: none"> <li>• Mental Health Nurses Incentive Program providers</li> </ul>	21 February 2017
Phase 1		
Co-design with AOD reference group	<ul style="list-style-type: none"> <li>• State-funded AOD consortia, VAADA, GPs, pharmacotherapy specialists, consumers, carers and peer workers</li> </ul>	Sep-Nov 2016
EMPHN Low Intensity Co-design Workshop	<ul style="list-style-type: none"> <li>• Psychological Strategies (formerly ATAPS) providers and eligible organisations</li> </ul>	24 Nov 2016
Co-design service for early psychosis	<ul style="list-style-type: none"> <li>• Consumers and youth mental health service providers</li> </ul>	1 Dec 2016
Co-design forum	<ul style="list-style-type: none"> <li>• MH nurses and eligible organisations</li> </ul>	21 Feb 2017
Co-design forum	<ul style="list-style-type: none"> <li>• PIR teams and consumers</li> </ul>	16 May 2017
Co-design forum	<ul style="list-style-type: none"> <li>• Existing PIR partners</li> </ul>	7 Jun 2017
headspace Knox, Hawthorn and Greensborough	<ul style="list-style-type: none"> <li>• headspace</li> </ul>	Early 2017
Eastern Melbourne PHN Psychological Strategies Allied Health Professional Training	<ul style="list-style-type: none"> <li>• Psychological Strategies providers and allied health professionals</li> </ul>	July 2016
Eastern Melbourne PHN Psychological Strategies	<ul style="list-style-type: none"> <li>• Psychological Strategies providers</li> </ul>	14 and 28 September 2016

### 1.1.2 Learnings and feedback

#### Phase 3 key themes (Aug-Sep 2017)

##### Model

- services should include a whole-of-family or stage-based approach to working with families where a family member is experiencing mental health issues
- the model has a good after hours component
- support for inclusion of cognitive therapies
- support for improving connection, collaboration and integration between services
- gap remains for children aged birth to 12 years, both for the child and for parents who need support to maximise their child's development and wellbeing
- model provides a range of prevention and recovery support options for individuals who present across the spectrum of need
- the approach provides clear pathways between these responsive options
- support for holistic approaches to care recognising those that present with mental health problems may face increased physical health risks
- need to clearly define boundaries between National Disability Insurance Scheme (NDIS) and Stepped Care service provision, which will be responsibility of EMPHN and NDIS
- technology aspects provide discreet, anonymous exploration for earlier detection of mental health risk or conditions by individual consumers or families
- the model acknowledges the difficulties in reaching people with complex mental health issues and vulnerable populations such as those not able to access Partners in Recovery and NDIS, and consumers with moderate-complex needs
- Centre Based services refers to a network of linked providers - we want to see capacity to respond to a distributed population, ensuring people across the area can access different levels of intensity in care aligned with their needs
- particularly during the transition period, services will have greater flexibility in responding to different levels and acuity of needs for consumers
- the silos of individual programs with prescribed numbers of sessions and types of treatment will go

##### Workforce

- current provider market needs to be prepared for stepped care reform where the established system is accustomed to siloed funding
- the capacity of individual providers to bid for procured programs will be variable compared to larger agencies and this presents a risk in creating a monopoly within the market for Commonwealth funded services
- GPs need to be educated on how the Stepped Care Model works and provided upskilling opportunities
- concerns about remuneration of clinicians due to the amount of work required outside sessions
- Stepped care model doesn't guarantee security of workforce

- support for current clinicians to upskill and diversify through workforce development which will require a considerable effort over the next few years

#### Funding

- affordability of digital tools by low income consumers

#### Clinical staging approach

- enables flexibility for stepping up and down between clinical stages as indicated by need, and that is responsive to the fluctuating nature of mental health issues
- support for EMPHN’s approach to reducing red tape and repetitive assessment processes for individuals and families, and to facilitating streamlining of pathways between treatment levels and services

#### Transition plan

- support for EMPHN’s decision to implement a staged transition plan that is aligned with the rollout of the National Disability Insurance Scheme in the region

#### Consumers

- when developed, the intake, assessment and referral process must ensure communication between services is clear to avoid consumers having to tell their story repeatedly to different providers. This could occur through My Health Record or another digital platform and must not be too onerous on the consumer or it risks creating barriers to clients accessing services
- ensuring consumer is cared for during transition between old and new services
- need to increase technology literacy in hard to reach, vulnerable and CALD populations

### Phase 2 key themes (Feb-Jul 2017)

#### Funding

- are resources adequate to be spread across a large catchment area?
- there needs to be a process to allocate funds across steps
- desire for long-term not short term funding



#### Outcomes

- clarity around how outcomes will be measured and reported

#### Workforce

- clarity around continuity of care and transition plans
- market development will be required under new model to develop consortiums etc.
- Job security and capacity to maintain highly skilled workforce
- GP training in mental health and referrals (especially with new services)

#### Clients

- Some clients appear to do well after 6-12 sessions but may re-present later with symptom exacerbation. Can the stepped care model provide flexibility in taking up the further care of that individual?
- disruption to clients in new systems creates anxiety in clients
- many consumers don't have a regular GP or medical home yet the system relies on GP engagement / gate-keeping
- reduce complexity of referrals

#### Model

- care concepts need to be developed in the stepped care model for moderate to severe mental health needs of population
- greater understanding of which clients are falling through gaps is required and strategies to engage them
- clinical interventions offered by mental health nurses and the populations they target
- ability of clients to access digital services
- based on data and evidence and responsive to client needs
- offers increased flexibility and is outcome focussed

#### Phase 1 key themes (late 2016 - early 2017)

- These co-design forums focussed on what is working, what's not working as well as identifying service gaps and consumer groups falling through the gaps to inform the commissioning of new services and pilots in mid-2017 including:
  - Psychological Strategies Lead Pilot Site
  - Psychological Strategies Group Therapy initiative
  - Psychological support initiatives for Aboriginal and Torres Strait Islander communities in the outer east and inner north of EMPHN's catchment
  - Perinatal Depression Support initiative
  - \$2.5m in early intervention 'Youth Severe' initiatives
  - Low Intensity Model Trial
  - An initiative that provides people who are often ineligible for alcohol and other drug (AOD) rehabilitation programs the opportunity to withdraw
  - Medication Support and Recovery Service program to provide specialist assessment and treatment programs for individuals and families affected by pharmaceutical misuse or dependence
  - AOD clinician support services at GP clinics in Whittlesea





## References

Mental Health Stepped Care Model – Stakeholder Forum Notes - 18 August 2017

Stepped Care Model – Stakeholder Forum Feedback - 10 & 11 July 2017

EMPHN Mental Health Nurse Incentive Program – Stakeholder Forum Report - 21 February 2017

EMPHN Low Intensity Co-design Workshop Report - 24 November 2016

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