

Mental Health Stepped Care Model Forum

Q&A Transcript

Question 1

There are a lot of people with mental health issues that are receiving services they find beneficial; they've built relationships and someone understands their circumstances. There's concern that some models that work well might be dismantled. How does person-centred care for people who are already receiving effective assistance, fit within the model and where do we stand as ATAPS providers (Psychological Services) in the model?

Answer A

Craig Russouw - Mental Health Manager High Prevalence/Low Intensity

Part of the system is working very well and there are clients or consumers that are very happy with the service that they receive. In terms of Psychological Strategies, we have considered that there are components of this model and other services the PHN commissions in mental health that are working very well. In our model design we will consider those as we develop the new models.

We'll also be looking at part of the system that isn't working well that was identified by stakeholders that attended the forums, feedback we've received over many years since our time as Divisions and Medicare Locals, from service providers and clients and staff from other services; we're looking at trying to implement some of those changes as we move forward.

We will be taking some of the elements from the old system and combining it with a new way of doing things to create a better service system and model. So Psychological Strategies delivered by mental health clinicians will be maintained as a service but we are looking at how the service can better fit into the system and how the clinicians might integrate and collaborate better. So how those services are commissioned and contracted will look different.

Answer B

Anne Lyon - Executive Director Mental Health & AOD, Primary Care Services

Some of our model principles are about being flexible and responsive so we want to look at what does a flexible and responsive system look like. So the notion of 'programs' goes. But there are modalities of care within the stepped model.

The diagrammatic model of steps is a bit misleading because people will come in and out of the system at various times, depending on their level of need and we need a service system that responds to that or to the consumer. As we commission we may be asking for different things and we will certainly be doing that when we look at services for people with more enduring and complex issues.

Services can't be delivered without clinicians. You're the workforce of now but also of the future. This journey is about bringing you with us on the design and development of a model that meets the needs of people in our catchment.

It will not be the same as it was and we're doing everyone a disservice if we say it will because it will be different.

The future is here to be grasped and we hope you grasp it with us.

Answer C

John Mendoza – Consultant, ConNetica Consulting

You are a specialist group – mental health nurses, psychiatrists, specialist mental health credential allied health; social workers, OTs are a scarce commodity. We need to make sure we're utilising that scarce capability at the best possible point in the care treatment of as many people as possible.

We've got an enormous gap between the number of people accessing care and those that need care in Australia. We have to find ways to resolve that. We can't quarantine the service to a few. That's the challenge the PHN have to implement.

The new clinical technologies are going to provide us with a much greater capacity than what we've had to date.

Question 2

We have been going through this process for the last 10 years, since the MHNIP program started.

Some of us still do the ATAPS program in our own right. With the MHNIP program we still have to go through GPs or psychiatrists. Is the new stepped model still going to allow us to go through GPs or psychiatrists or do we need to go through ATAPS (Physiological Strategies) in our own right?

Answer

Maria Yap - Mental Health Manager Moderate (MHNIP & Adult AOD)

It's early days to say that it has to go through GPs. What we know is that we have a very robust digital index system that will play a big part. As you know GPs are an important workforce in the primary health care setting so they have to be involved. But in terms of MH nurses in the MHNIP program, we have reinforced that you are a valuable workforce that we see you in the future stepped care model. We don't know how that looks yet but most of you will be part of that; most of you will depending on how you engage with the stepped care model.

We also told you the transition from Medicare local to PHN would take some time and we have tried to engage you and for you to trust us that the transition will be okay despite the length and fixes. Please trust us that in this next transition we can again believe that it's not going to be easy but if we work together we can reach the objectives of the stepped care model.

Question 3

It seems there has been input from nurses, headspace and PIR, etc What input has been sort from psychologists?

Craig Russouw - Mental Health Manager High Prevalence/Low Intensity

The stakeholder forum on 24 November which included a range of stakeholders including a psychologist, representative from APS, mental health nurses, accredited mental health social workers so we had representation from all the professions who deliver ATAPS (Physiological Strategies).

The feedback we've got from mental health professionals over the years, that's all been significant component of the innovative programs that have just gone to market and will be announced shortly.

By no mean have phycologists been missed and in fact they have been key in some of the innovation that has gone to market recently. If you do feel you want to provide more input or something you've presented to us hasn't been heard, I am happy to listen to your feedback.

In relation to the question about GPs a short time ago, in a lot of things we do, because we're all about primary care, often GPs will be at the centre of care but there will also be a shift in terms of person-centred care for other referral pathways moving forward. So capacity for referrals from other health organisations or self-referral. GPs are fantastic, they are at the centre of our care and great referral pathway and system to review care. We will look at those barriers that you've spoken about in the past as having GPs as the gatekeepers of everything and that will be a significant component at least for Psychological Strategies.

Question 4

In all these changes, the primary concern should be the client. Some of these programs are very sophisticated have not given rise to the expectation from the point of view of the client. I hope this program (MHNIP) which has run marvellously well, will not be broken by the Stepped model. I know we need to embrace new models and I know it is very important to move into a digital phase but I hope the client will be the prime concern in all this mode, technical and theoretical approach.

When you mention to self-referrers, do you know how someone refers to a mental health nurse?

Craig Russouw - Mental Health Manager High Prevalence/Low Intensity

I was referring specifically to the innovation we'll be doing with the Psychological Strategies so there is a program that has gone to market (soon to be announced). In terms of self-referrals for that and accredited mental health nurses can be Physiological Strategies providers, so it does apply to you.

We're talking about facilitated self-referrals. Using the Access and Referral team at EMPHN or a contracted intake team which is a point of contact where someone can call and talk through a series of triage questions or things that might be on a referral form and we can come to a decision about what an appropriate service might be. So I'm talking about self-referral where you talk with someone with mental health expertise to help refer you to the right service.

Webinar questions

Question 1

Will the providers get an opportunity to be part of a trial/pilot with the Stepped Care model?

Answer

Joel Robins - Mental Health Manager Youth MH & AOD, Mental Health

We are looking at how we roll up the pilots and this could be by LGA for example. Providers will have an opportunity to participate which may be based on location or type of services you are able to provide.