11 July 2017

Mental Health Stepped Care Model Forum

Q&A Transcript

Question 1

In relation to figure 1, 1a, 1b stage 2 on handout.

It's interesting to see in the stepped level that medication is the second from top so it goes online, face-to-face group, face-to-face individual then ?? place management and then medication which seems a little out of kilter sometimes (depending on the type of medication), but I know there would some people who would be doing a combination of medication and therapy, lower down that stepped level. Do you have any comments on that?

Answer A

John Mendoza – Consultant, ConNetica Consulting
If a person is presents and is assessed at 1b or higher then first line of response can be medication in combination with those other things but it's suggesting that (unfortunately Australia has the second highest per capita rate of prescribing antidepressants). So we have too much of a practice of going for the medications first before getting an understanding of what's occurring and trying other alternatives. Some academics would say let's start with focussing on sleep, particularly for young people, let's look exercise and social aspects, let's look at how you're using social media and try and bring some of those things under control.

The only medication that might be used there is something like Circadian – straign melatonin or other natural therapies that have reasonable evidence base. Also look at zinc, magnesium and fish oils. We have a building body of evidence to say these things help particularly for young brains in terms of function. If we get those things working maybe there's no need for SSRI or something else.

So that's what that diagram is suggesting. It's trying to skill up practitioners. GPs don't have the time to do that kind of detailed assessment and that's where we need other practitioners to do that and a lot of that input to the assessment can be done online. What we now have, developed by the University of Sydney, is really good algorithms that sit behind that data that can then channel the person to where the right point of starting.

The trials they did in Synergy trial 2 in Western Sydney and Broken Hill with young people was very encouraging in terms of getting young people with LGBTI or gender identification issues in variably difficult to engage in clinical practice through psychology services. It takes 6-8 session to begin to understand what's really going on. What the trial showed was those people in particular, pairing them up with the right service and treatment, it happened much more quickly.

That might be a unique circumstance but the point I'm making is that getting a more comprehensive assessment is pretty straightforward. Then linking them to the right service, online and clinic based, that's where we need to do better and really engage people whether it's young people or men in their middle ages. These are the groups that don't stay engaged, they attend one or two sessions and then leave and then something else happens in their lives and they're back again; often in a more neurological affected state, more dysfunction, more social disruption, more complex to manage. So this is the change we can start to look to in the future. Faster more effective engagement.

Question 2

In relation to mental health nurse initiatives going on trial of two years with the new model. To keep consistency for our consumers, we need consistency for our staff. A lot of the funding is around 3 month contracts and 5-6 month contracts and funding being cut. That's very difficult for organisations to get into partnerships and train someone up and all you're doing is training them to move on or not have a job. We should acknowledge that some of the funding initiatives haven't been conducive allowing us to support ongoing care.

The other thing about pooled funding is when you group fund, sometimes you focus on the high acuity all the time and part of chronic disease management is to make sure (and mental health is no different), you focus on the immediate risk and forget the longer term. We need to be sensitive to the fact that if we're going to have a trial of 2-3 years of the stepped care model, the funding needs to go for the same time and take the risk and allow organisations to be able to cope with it.

Answer

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

I agree with you. When you're running an organisation and you have a staff complement to assure; it is really important to ensure the continuity of care and continuity of their employment.

We have been constrained by short funding cycles. We're seeing greater hope on the horizon with a view of longevity for the PHNs. So we would seek to have a longer funding cycle around some of those things.

In response to your question on complexity as I highlighted we have a continuum of need from low, help seeking behaviours to people with mild mental illness through to the more complex. The challenge for us is how we apply those resources along that continuum. That won't be any easy task. Our resources are finite and that is the challenge ahead of us. But we are committed to ensuring that people with enduring mental health issues do not fall through the cracks.

The other point I would emphasise is the need to ensure that not only their mental health issues are taken into account but their overall general health because the outcome for those people are very poor in what we would regard a civilised society so that is one of our big challenges. The role of care coordination will be a real live thing in the new model and that's what we need to aim for.