

**phn**  
EASTERN MELBOURNE

An Australian Government Initiative

# mental health

Eastern Melbourne PHN  
Mental Health  
Stepped Care Model

December 2017



**“...[EMPHN’s Stepped Care Model] is a holistic sort of model that includes people who have experience of mental illness, understanding that mental illness affects everything else.”**

**- Consumer**

# 01: EMPHN's Mental Health Stepped Care

## See the person, not the issue

This is an exciting period of change and reform, which provides an opportunity to better tailor services to the 483,000 people in our community who will experience a mental health issue at some time in their life.

From 2018, Eastern Melbourne PHN (EMPHN) will continue to fund mental health services, but in a new way – an innovative, consumer-centred, individually tailored, integrated model of care with an emphasis on recovery. The new model ultimately aims to improve outcomes for people with mental health issues in our community.

EMPHN has developed a Mental Health Stepped Care Model in line with mental health reform across Australia.

The model seeks to respond to the National Mental Health Commission's recommendations for new models designed to deliver substantive reform. This level of reform was called for by the Commission following its extensive review of a range of mental health programs and services detailed in its report *Contributing Lives, Thriving Communities – National Review of Primary Mental Health Programs (2014)*.

EMPHN's Mental Health Stepped Care Model:

- utilises the strengths of local service providers to meet the mental health needs of our catchment
- provides mental health services across the continuum, for people requiring low intensity support to higher levels of support
- has an emphasis on recovery-focussed, consumer-centred mental health services integrated with other services such as housing, children and family, and physical health among others
- facilitates collaboration with the person's significant others and members of the person's care team to deliver the best possible care
- aims to reduce the stigma associated with having a mental health issue
- uses allied health professionals and mental health nurses, peer workers, as well as eHealth technology.

EMPHN's model was developed following co-design and engagement with stakeholders over more than a year during 2016 and 2017.

From January 2018, the staged transition to mental health stepped care will start in the north-east of EMPHN's catchment and the remainder of EMPHN's catchment will transition to mental health stepped care by early 2019, following open tender processes.

We look forward to working with our mental health providers, consumers and carers, to provide better care for those in our community experiencing mental health issues.

More information on EMPHN's Mental Health Stepped Care Model is available on our website

[www.emphn.org.au/mh-steppedcare](http://www.emphn.org.au/mh-steppedcare).

For consumer referrals and information about available mental health services, please contact EMPHN's Referral and Access Team 03 9800 1071.



From 2018, Eastern Melbourne PHN will continue to fund mental health services, but in a **new way** – an **innovative, consumer-centred, individually tailored, integrated model** of care with an emphasis on **recovery**.

A handwritten signature in black ink, appearing to read 'Robin Whyte'.

Robin Whyte  
CEO  
Eastern Melbourne PHN

## 02: What is stepped care?

Stepped care is an evidence-based, staged system, comprising a range of help and support options of varying intensity to match the level of need and complexity of the conditions being experienced by any given consumer.

Once an assessment is complete, the most appropriate, cost effective level of care will be provided, and then continually re-calibrated to the consumer's changing needs. This is based on the consumer knowing themselves, and working with their care team, including their general practitioner (GP), mental health clinician and other health supports to know when to 'step up' or 'step down' their support needs.

A Stepped Care Model supports the delivery of integrated care. Integrated care means the consumer who uses the services and support is at the centre of their health care planning and has pathways to connect to and access the care that they need, when they need it.

Stepped Care Models aim to:

- offer a variety of support options for people with different levels and types of need, from low intensity to high intensity
- provide clear pathways between these care options as individuals' needs change
- improve collaboration and integration between services
- connect to other community, health and clinical mental health services available in the local area.

Care may range from using a digital app, to brief non-intensive interventions initiated by a GP, to interventions requiring the coordinated, ongoing efforts from a range of professionals on a range of conditions. Interventions within a Stepped Care Model must be consistent with the principles of self-management and have wider application beyond mental health.

*The Stepped Care Model is about facilitating a person to live a 'meaningful and contributing life', considering 'whole-person care'.*

### Features of EMPHN's Mental Health Stepped Care Model

Features of the model include:

- operating as a 'walk-in service' that's open for longer hours, which may be co-located within an existing facility
- provides assessment and care for people of all ages with mental health needs
- capacity to quickly refer consumers to acute care if required
- provision of (but not limited to) computerised cognitive behaviour therapy (cCBT), self-help, mindfulness, guided self-help, brief intervention, family therapies, cognitive behaviour therapy (CBT), interpersonal psychotherapy (IPT) and other psychotherapies, motivational interviewing, neuropsychological assessment and treatment, group therapy, and pharmacological treatments
- works with consumers, carers and the care team, including the consumer's GP, to develop coordinated care plans
- a mental health team with allied health professionals, mental health nurses, peer workers, and consultant psychiatry support
- assists consumers through programs or referrals with issues relating to smoking, diet and weight management, exercise, physiotherapy, pilates, therapeutic massage and pain management
- defined care pathways to and from hospital based services
- offers connections to non-health providers (e.g. housing, employment, family violence, child support, education).

### Clinical staging

In EMPHN's Mental Health Stepped Care Model, clinical staging stratifies consumers into needs groups without using a narrow diagnostic criteria, mirroring approaches used in chronic disease such as Type 2 Diabetes. The clinical staging offers a continuum from at-risk but asymptomatic (Stage 0) to chronic and unremitting disorder (Stage 4). Clinical staging allows for more appropriate, responsive and effective care. This supports better targeting of service responses.

EMPHN's Mental Health Stepped Care Model will offer a range of modalities or 'suite of services' suitable for each clinical stage to reflect the spectrum of services from lowest to highest intensity. Examples include psycho-education, self-help, self-monitoring, clinician supported or guided online interventions, group-based psychological interventions, general non-specific counselling, brief one-on-one psychotherapy, longer-term psychological therapies, care coordination and first and second line medications.

## 03: What's new?

### Referral points into the Mental Health Stepped Care Model

- Referrals from any source, including GPs, psychiatrists, paediatricians, accredited mental health social workers, occupational therapists with mental health qualifications, aboriginal health workers, registered social workers, maternal and child health workers, schools, pre-schools and childcare centres, health workers (community or not-for-profit) and hospital based health workers.
- Facilitated self-referrals where clients may complete self-referral facilitated by EMPHN or the commissioned provider.

### Keeping GPs at the centre of care

- Despite multiple referral pathways available, the model aims to keep GPs involved, playing a central role in the care of their patients.

### Collaborative care planning

- The Mental Health Stepped Care Model emphasises a collaborative approach to care planning between consumers, carers and care team members, including GPs and other mental health providers.
- A collaborative approach to the development of Mental Health Care Plans will be undertaken by the sector as part of continued reform in mental health services.

### No requirement for Mental Health Treatment Plans

- The Mental Health Treatment Plan, which is sometimes seen as a barrier to accessing care, is no longer required for consumers to commence their care.

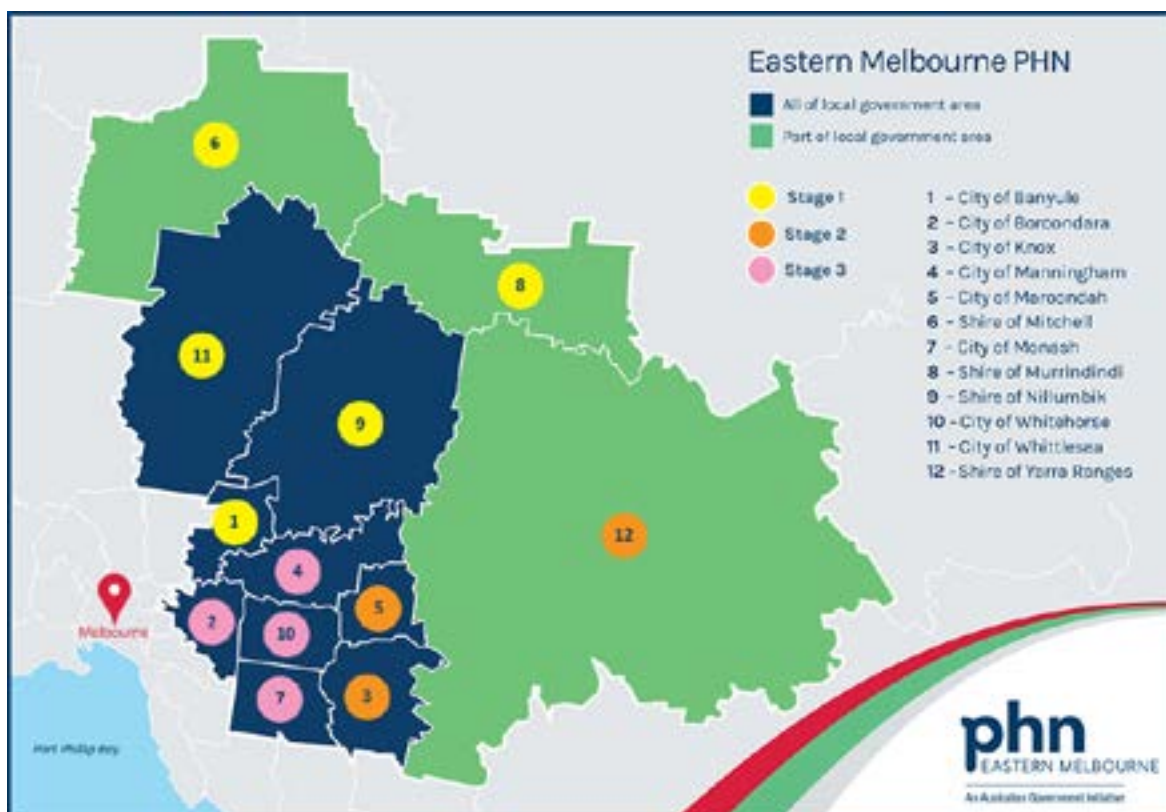
## 04: Staged transition

Within the EMPHN catchment, a staged transition to our Mental Health Stepped Care Model is planned:

**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.



## Transitioning clients

EMPHN will continue to fund mental health services in primary health but in a more integrated way from January 2018, starting in the north east. Current mental health providers contracted by EMPHN, delivering Psychological Strategies and Mental Health Nursing Services, will transition clients to alternative care arrangements, including the new Stepped Care Model, in the stages outlined on page 5.

Transition will include:

- working with consumers and carers to understand any ongoing care needs
- developing a transition care plan with each consumer, carer, their referrer and other health care professionals for ongoing care
- updating treatment reports for consumers
- communicating with consumers, carers and members of the care team, such as GPs, psychiatrists and other health care professionals about the changes.

A range of referral options are available to consider for transition of care. EMPHN's Referral and Access Team (Ph: 9800 1071) is available to provide support and discuss possible services consumers may be referred to.

As part of the transition to the Stepped Care Model, the previous MHNIP and ATAPS have ceased to exist as discrete programs. EMPHN envisages the workforce of these two programs will comprise part of the workforce delivering services in EMPHN's Stepped Care Model.

### Tools, plans and referrals

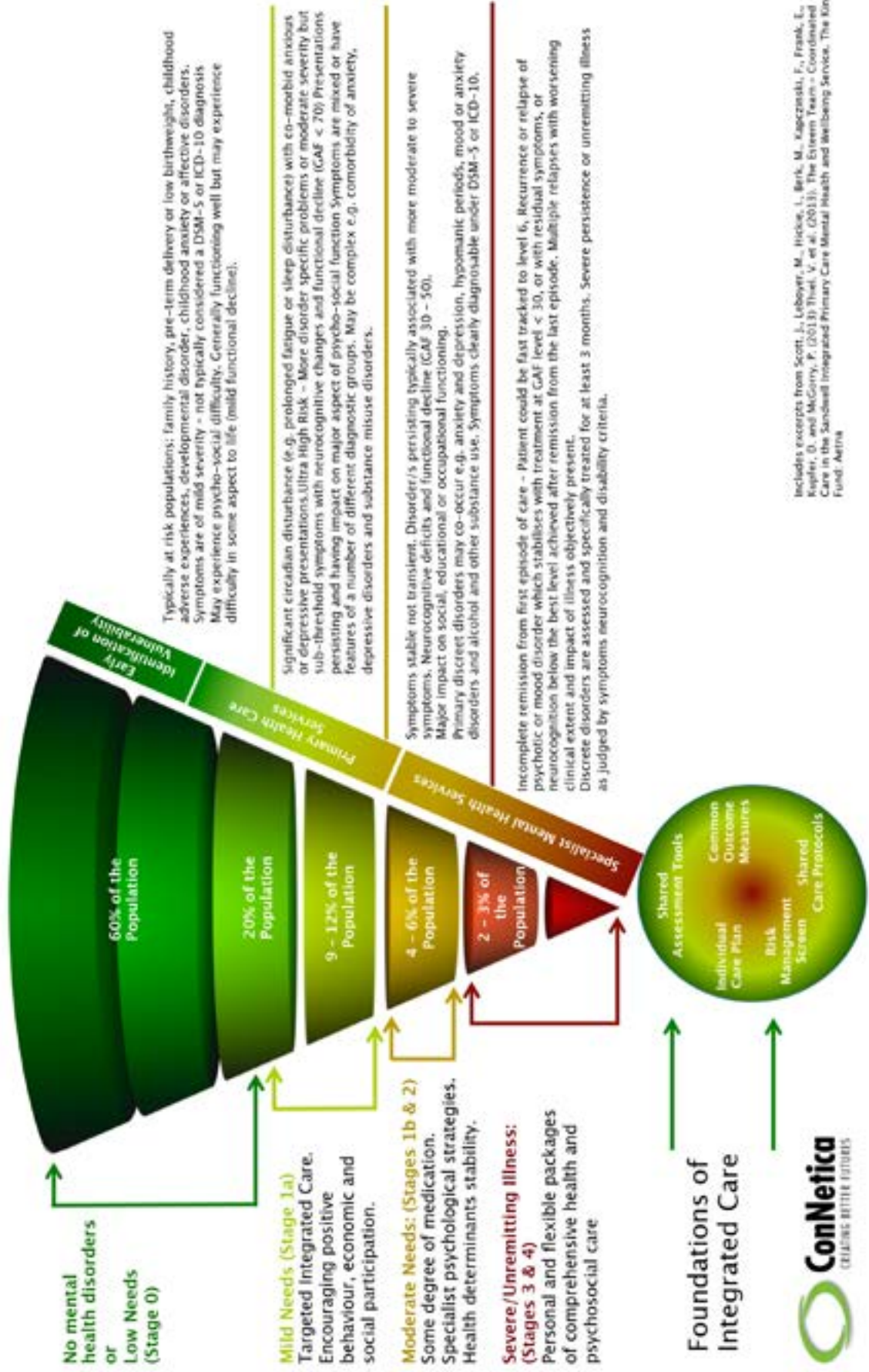
Tools such as Referral Forms and Collaborative Care Plans are being developed and refined in collaboration with the sector. Visit our website for further information or contact EMPHN's Mental Health Referral and Access Team.

[www.emphn.org.au/mh-steppedcare](http://www.emphn.org.au/mh-steppedcare)  
Tel. 03 9800 1071

## 05: Key messages for consumers and carers

- Eastern Melbourne PHN will continue to fund mental health services, but in a new way from January 2018
- EMPHN has developed a Mental Health Stepped Care Model in line with mental health reform across Australia which all PHNs are required to deliver
- To smooth the transition from existing services to the new model, a staged transition is planned based on geographic areas in EMPHN's catchment, consistent with the staged implementation of the National Disability Insurance Scheme in this area
- Mental health providers contracted by EMPHN will transition clients to alternative care arrangements, including the new Stepped Care Model, in stages
- The model shifts the focus towards an early intervention approach where people with mental health issues and mental illness have their needs addressed early, rather than waiting until the problems worsen and require more intensive intervention
- This is an exciting period of change and reform and an opportunity to provide innovative and integrated mental health services with other health and social support services to ultimately improve outcomes for people with mental health issues in our community
- More information on EMPHN's Mental Health Stepped Care Model is available on our website [www.emphn.org.au/mh-steppedcare](http://www.emphn.org.au/mh-steppedcare).
- For information on referrals and about available mental health services, please contact EMPHN's Referral and Access Team 03 9800 1071.

# 06: EMPHN's Mental Health Stepped Care Model - Clinical Staging



Typically at risk populations: Family history, pre-term delivery or low birthweight, childhood adverse experiences, developmental disorder, childhood anxiety or affective disorders. Symptoms are of mild severity - not typically considered a DSM-5 or ICD-10 diagnosis. May experience psycho-social difficulty. Generally functioning well but may experience difficulty in some aspect to life (mild functional decline).

Significant circadian disturbance (e.g. prolonged fatigue or sleep disturbance) with co-morbid anxious or depressive presentations. Ultra High Risk - More disorder specific problems or moderate severity but sub-threshold symptoms with neurocognitive changes and functional decline (GAF < 70). Presentations persisting and having impact on major aspect of psycho-social function. Symptoms are mixed or have features of a number of different diagnostic groups. May be complex e.g. comorbidity of anxiety, depressive disorders and substance misuse disorders.

Symptoms stable not transient. Disorder/s persisting typically associated with more moderate to severe symptoms. Neurocognitive deficits and functional decline (GAF 30 - 50). Major impact on social, educational or occupational functioning. Primary discreet disorders may co-occur e.g. anxiety and depression, hypomanic periods, mood or anxiety disorders and alcohol and other substance use. Symptoms clearly diagnosable under DSM-5 or ICD-10.

Incomplete remission from first episode of care - Patient could be fast tracked to level 6, Recurrence or relapse of psychotic or mood disorder which stabilises with treatment at GAF level < 30, or with residual symptoms, or neurocognition below the best level achieved after remission from the last episode. Multiple relapses with worsening clinical extent and impact of illness objectively present. Discrete disorders are assessed and specifically treated for at least 3 months. Severe persistence or unremitting illness as judged by symptoms neurocognition and disability criteria.

Includes excerpts from Scott, J., Leboyer, M., Hickie, I., Berk, M., Kapczinski, F., Frank, E., Kessler, D. and McGorry, P. (2013) Thiel, V. et al. (2013). The Estream Team - Coordinated Care in the Sandwell Integrated Primary Care Mental Health and Wellbeing Service. The Kings Fund: Atria

# For more information

Eastern Melbourne PHN  
Referral and Access Team

P: 03 9800 1071

W: [www.emphn.org.au/mh-steppedcare](http://www.emphn.org.au/mh-steppedcare)



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