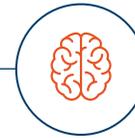
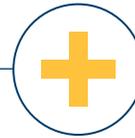


Our Primary Mental Health Care Activity Plan 2016-19

Strategic Vision



The National Mental Health Commission's Review of Mental Health Programmes and Services 'Contributing Lives, Thriving Communities', highlighted the existing complexity, inefficiency and fragmentation of the mental health system.

The Review further highlighted problems with the current targeting of mental health resources and pointed to the need for efficiencies to prevent both under-servicing and over-servicing.



Overview

Updated in February 2018, the Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019.

Mandate and Objective

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes.
- Improving the coordination of care to ensure patients receive the right care in the right place at the right time.

The stepped care approach is a central reform priority, with a focus on service delivery matching the needs of individuals and with a particular emphasis on early intervention and self-care.

The approach promotes person centred care which targets the needs of the individual. It recognises individual needs can change and allows flexibility to move across service levels to most effectively support recovery facilities receiving the right level of care in the right place at the right time.

Needs Assessment activity inclusive of key stakeholder consultation occurring throughout provides an important element toward assessing and prioritising need.

Country SA PHN approach and vision towards a joint Mental Health and Alcohol and Other Drugs System Reform

In response to the Commonwealth Mental Health, Alcohol & Other Drugs reforms, the Country SA PHN (CSAPHN) is inviting Mental Health, Alcohol & Other Drugs (MHAOD) service providers, consumers and other interested parties to actively contribute towards a co-design of a new and more effective primary MHAOD treatment service system within a stepped care approach.

This invitation is extended to providers across the continuum, including frontline service delivery; training, education and promotion; prevention; and early intervention.

Planned activities funded under the Primary Mental Health Care Schedule

Low intensity mental health services

Continuation of low intensity services within psychological therapies

Develop and integrate low intensity services and referral pathways into psych therapy triage and allocation practices to assist with demand management and the progress towards regional stepped care reform. By promoting a 'no wrong door' approach to accessing low intensity services via psych therapy referral, CSAPHN is enabling clients to enter the system and have their service level aligned to their requirements.

Continuation of commissioned activity for low intensity services

Continue commissioning low intensity mental health services across the CSAPHN region.

Targeted low intensity services and psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery.

Address the low intensity service needs of the region, including those in under-serviced population groups and enable effective stepped care reform through broadening available services.

Youth mental health services

Continuation of funding to current regional headspace Centres:

Continue to fund and maintain headspace Centres in our region in line with the service delivery model as directed by the Department of Health. The activity will continue to provide early intervention services for young people with or at risk of mild mental illness as well as making it as easy as possible for a young person and their family to get the help they need for problems affecting their wellbeing. The provision of the early intervention services will assist in minimising the risk of both 'well' and 'at risk'



young people from requiring higher level service through unmet lower level need.

Continuation of access to headspace services via extended hours:

Continue to provide increased access to headspace services to young people through the provision of direct one-on-one clinical service provision and group programs within extended hours of operation. Extended hours of operation ensure there are more appropriate times for young people to be able to access youth specific mental health programs and practitioners.

Continuation of the Youth Triple C program for young people requiring more complex care support:

Continue to improve access to youth specific mental health care delivery (particularly for young people with more complex care needs) in high need locations.

There are limited youth specific mental health programs and practitioners in reach throughout the CSAPHN region. The Youth Triple C (Clinical Care and Coordination) program continues to extend access to locations that currently have minimal services.

Psychological therapies for rural and remote, under-serviced and/or hard to reach groups

Continuation of commissioned activity for Psychological Therapy Services (PTS):

This activity aims to address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations via service continuation and stability within regional areas.

The activity aims to achieve more cost efficient and targeted service delivery through exploring different service delivery modalities including but not exclusive to video conferencing and telephone Cognitive Behaviour Therapy and, where appropriate, referral of individuals to low intensity services for the target cohort population.

Mental health services for people with severe and complex mental illness including care packages

Continue to commission Triple C services across multiple locations:

The Triple C Program will continue to be commissioned to provide mental health services and support to people with severe and complex mental illness across multiple locations in Country SA.

The Triple C program provides:

- Clinical care coordination services to people with severe and complex mental illness in the primary care setting in locations that have minimal services; and
- A wrap around coordination of supports for people with complex needs.

Support the Partners in Recovery (PIR) programs as they transition to the National Disability Insurance Scheme (NDIS):

CSAPHN will work with the Partners in Recovery program within the region to support a smooth transition to the NDIS. A smooth transition to the NDIS with strong sectoral linkages that continues to support people experiencing severe and persistent mental illness.

Community based suicide prevention activities

Continuation of commissioned Aboriginal & Torres Strait Islander Suicide Prevention activities:

Continuation of Aboriginal specific suicide prevention activity and maintenance of best practice and evidence-based strategies and growth for referral pathways.

- Increased number of at risk Aboriginal and Torres Strait Islander clients accessing linked up and integrated services.
- Increased number of suicide prevention education and community activities

Continued commissioning of activity for post suicide attempt discharge support services:

Continuation to fund and maintain post suicide attempt discharge support service. Maintain service delivery through integrated and systems based approach in partnerships with LHNs, key stakeholders and local organisations.

Continued access to services for individuals following a recent suicide attempt inclusive of coordinated discharge planning and care coordination.

Continued collaboration across sectors for individuals/communities who have been impacted by suicide, attempted suicide, self-harm or at high risk of suicide:

Maintain leadership and support in cross sector service integration, inclusive of coordination in early intervention and postvention services for individuals/communities that that have been impacted by suicide.

Increased coordination, integrated and joined up services, across suicide prevention intervention and postvention services.

Aboriginal and Torres Strait Islander mental health services

Building strengths, resilience, partnerships and capacity in mental health activities within Aboriginal and Torres Strait Islander communities:

Working collaboratively with regional Aboriginal Community Controlled Health Organisations and communities to identify current shortcomings and develop potential strategies to better support local Aboriginal specific organisations to tender for commissioned services.

Continuation of commissioned activity for Aboriginal and Torres Strait Islander mental health services:

Commissioning services to key organisations that were identified as preferred providers to lead activity under this priority. Services aim to provide Aboriginal and Torres Strait Islander people with access to effective high quality mental health care services in regional, rural and remote locations across CSAPHN. Aboriginal controlled health services, wherever possible and appropriate, are commissioned, as well as mainstream services delivering comprehensive, culturally appropriate primary health care.

Stepped care approach

Service Planning, Integration and Quality Assurance:

To support and champion the stepped care approach across mental health and Alcohol and Other Drugs through co-design,



promotion and commissioning of primary mental health services within a person-centred, stepped care approach. Through strategic activity planning based on community need and engagement, the Mental Health, Alcohol & Other Drugs operational team creates and co-designs appropriate services across mental health suicide prevention and drug and alcohol.

Regional Stepped Care Forums:

To facilitate the implementation of the stepped care approach through stakeholder education via promotion of core elements of the reform. Through conducting rural forums to local stakeholders and in partnership with our regional preferred providers, CSAPHN will seek to promote and champion the stepped care approach ensuring a properly integrated and holistic service across the primary mental health sector inclusive of the drug and alcohol sector.

Increased commissioning of Low Intensity and Severe and Complex Mental Illness services:

An increase of commissioned targeted Low Intensity and Severe and Complex Mental Illness services to assist in building the suite of available regional services to progress stepped care reform.

Increasing targeted services to regions of need will increase access to of high disadvantage. Roll out of the stepped care approach promotes integration and appropriate holistic care across the acuity spectrum.

Regional mental health and suicide prevention plan

Ongoing collaboration with state LHNs towards joint planning and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration:

Through involvement with the SA Mental Health Clinical Services Plan Project (SAMHCSP) at a steering committee and Expert Advisory Group level, CSAPHN will assist with ascertaining use and context of data from the National Mental Health Services Planning Framework for inclusion in the next state mental health plan.

CSAPHN is also involved across other strategic planning activities inclusive of: Drug and Alcohol Services SA, Chief Psychiatrist office, SA Health principle suicide prevention officer and University of SA.

Ongoing development of a regional mental health and suicide prevention plan:

Creation of a comprehensive regional plan, including a focus on Indigenous mental health, to support integrated delivery of mental health and suicide prevention services developed in consultation with and endorsed by LHNs and other regional stakeholders.

Implementation of the plan will enable better targeting, integration and access within the region, specifically where Aboriginal and Torres Strait Islander people access mental health care. It will also highlight priorities and pathways for suicide prevention in the region and include considerations of the needs of other priority groups such as children, youth, people in rural and remote areas or hard to reach groups.

