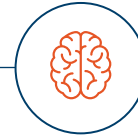
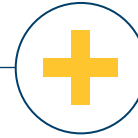


Our Primary Mental Health Care Activity Plan 2016-18

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 2017, the Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2018.

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 (CSAPHN) approach and vision towards a joint Mental Health and Alcohol and Other Drugs (MHAOD) 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 service providers, consumers and other interested parties to actively contribute towards a co-design of a new and more effective primary Mental Health, Alcohol & Other Drugs 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

Integration 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.

Promotion of e-mental health resources:

Promote the appropriate use of evidenced based e-mental health resources to improve the knowledge of resources available to health practitioners including: general practitioners, practice nurses, community health workers, peer support workers, psychologists and other allied health workers. By expanding general practitioners, local service providers and consumers' knowledge using existing resources to develop and implement timely low intensity service pathways.

Commissioning and co design of a direct specific low intensity services:

Commission low intensity mental health services to improve the targeting of 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 underserved 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.

Increase access to headspace services via extended hours:

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.

Improve access to youth specific mental health care delivery in rural/remote locations particularly for young people requiring more complex care:

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

- the extension of current headspace Centre support via outreach service delivery to other regional centres.
- trialling of youth specific mental health service delivery in collaboration with general practice in more rural, smaller locations based on the principles of headspace services.
- telehealth outreach from headspace Centres to more remote locations via secondary schools.

There are limited youth specific mental health programs and practitioners in reach throughout the CSAPHN region. These new models will extend access to locations that currently have minimal services including limited access to private practitioners (often with large gap payments) and long waiting times to access Child & Adolescence Mental Health Services and Youth Mental Health Services.

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

Continuation of existing psychological services arrangements:

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

Ensure sustainability of service to Mental Health Nurse in Practice clients post program closure:

Work with current Mental Health Nurse in Practice providers to refine current service delivery models to ensure continuity of support for current clients and improved service delivery outcomes. Support the implementation of a stepped care model through mental health and alcohol and other drugs reform.

Commissioning and co design of targeted mental health services are provided within areas of high need to support people with severe and complex mental illness:

Increase the distribution and access to mental health services for people with severe and complex mental illness within the primary care sector throughout CSAPHN regions. More targeted and appropriate services delivered within areas of high need throughout CSAPHN regions.

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 National Disability Insurance Scheme. A smooth transition to National Disability Insurance Scheme 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 currently commissioned Aboriginal specific suicide prevention activity and networks to improve suicide awareness and training amongst 'gatekeepers' and 'natural helpers' in communities effected by self-harm and or suicide.

- Better linked up and integrated suicide prevention services for Aboriginal & Torres Strait Islander peoples across regions.
- Increase awareness of suicide prevention strategies within Aboriginal & Torres Strait Islander communities.
- Increased connection of community to Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services and local delivery of services. Local ownership of community mental health, growth in lived experience networks.

Commissioning and co design of a post suicide attempt discharge support model:

Commission community based suicide prevention activity through integrated and systems based approach in partnerships with Local Health Networks and other local organisations, including arrangements for follow up care after suicide attempt. The activity meets the need for service coordination and integration by creating a systems based regional approach which is inclusive of community based activities in suicide prevention.

New service delivery models will extend access to locations that currently have minimal services, including the targeting of population groups for low intensity activity in suicide prevention.



Improved support for individuals/communities who have been impacted by suicide, attempted suicide, self-harm or at high risk of suicide:

To lead cross sector service integration and coordination in early intervention and postvention services for individuals / communities that have been impacted by suicide via scoping and research in areas of needs to gain a clearer understanding of the scope of suicidal behaviour in rural SA and the associated risk factors.

Will include mapping of current post suicide attempt discharge pathways with a view to commission effective low intensity post attempt discharge services.

Support growth in male and youth specific suicide prevention services and activity in regional South Australia:

Identify and support specific male and youth suicide prevention education including gender, age appropriate language & promotion activities in areas of need. The activity will increase male help seeking behaviours and engagement with early intervention and low intensity mental health services. It will create greater community and service provider understanding of male suicide and appropriate service delivery modalities.

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.

Commission a range of culturally appropriate evidence based service provision within Aboriginal and Torres Strait Islander communities:

The Invitation to Apply process identified 5 key organisations as preferred providers to lead activity under this priority.

To determine the most appropriate service modality for commissioning Aboriginal specific services, the co-design phase is and continues to be an essential aspect of this activity area.

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. This includes through Aboriginal Controlled Health Services, wherever possible and appropriate, as well as main stream 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

Collaborate 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.

Country SA PHN 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.

Collaboration and consultation on yet to be released 2017 – 2021 South Australian Suicide Prevention Strategy to create overarching strategy that aligns with both state and federal reform initiatives:

Active collaboration, support and input with SA Health via the Office of the Chief Psychiatrist in development of the 2017 – 2021 South Australian Suicide Prevention Strategy, to promote and advocate a sustainable, coordinated approach in suicide prevention including service delivery, resources and information to assist regional communities.

Development and finalisation of Regional mental health and suicide prevention plan:

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

