Our Primary Mental Health Care Activity Plan 2016-17

phn COUNTRY SA
An Australian Government Initiative

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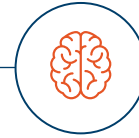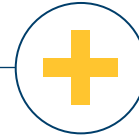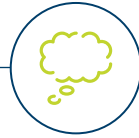
The National Mental Health Commission's Review of Mental Health Programmes and Services 'Contributing Lives, Thriving Communities', highlighted the existing complexity, inefficiency and fragmentation of the mental health system.

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.

Mandate and Objective

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
- 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 MHAOD reforms, the CSAPHN is inviting 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

Headspace transition to CSAPHN:
Refunding of all headspace lead agencies in our region, including those yet to be established, and maintain service delivery within headspace centres in line with the 2015-16 service delivery model.

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 young people and their families to get help. This covers four core areas: mental health, physical health, work and study support, and alcohol and other drug services.

Group therapy provided to women with or at risk of perinatal depression:
Meet the priority by identifying existing successful programs and building their capacity to expand models into further future areas and regions of need, providing women, their families and their GPs with more services and options in their communities.

Country SA PHN MHAOD invitation to apply:
The MHAOD invitation to apply allows co-design of activity with providers to develop and/or commission low intensity mental health services to supplement online mental health therapies.

The MHAOD invitation to apply address the six Mental Health Priority Areas across five service streams of activity (inclusive of Child and Youth mental health) all required to be across the stepped care approach.

Development of community education and training for men in rural areas:
Research and sourcing and/or development of appropriate low intensity educational activities to promote awareness and community resilience and capacity building for men at risk of suicide.

Identified priority will be met by exploring peer support models, training and education and upskilling communities and local service providers.

Youth mental health services

All headspace lead agencies in region will be refunded, including those yet to be established. Service delivery within headspace centres will be maintained in line with the 2015-16 service delivery model as directed by the Department.

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 young people and their families to get help. This covers four core areas: mental health, physical health, work and study support, and alcohol and other drug services.

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

Ensure priority is given to individuals that are engaged in counselling services through the Access to Allied Psychological Services (ATAPS) Program and Mental Health Services in Rural and Remote Areas (MHSRRA) Program.

The ATAPS initiative provides access to effective, low cost treatment for people with a mental illness who may not otherwise be able to access services.

The MHSRRA Program delivers mental health services in rural and remote communities that would otherwise have little or no access to these services.

By having both programs included under the MHAOD invitation to apply, it ensures that if a new provider is identified, the spirit and obligations of the current program will be maintained and transferred with clients to any new successful applicant.

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

Commission primary mental health care services for people with severe and complex mental illness being managed in primary care, including clinical care coordination through the phased implementation of primary mental health care packages and mental health nurses.

Continuation/transition of existing Mental Health Nurse Incentive Program (MHNIP) services:
Continue to provide services at current capacity to MHNIP clients with current providers for the next 12 months and where possibly expand program to other under serviced regions across the CSAPHN region.

Support currently funded Partners in Recovery (PIR) programs while allowing for flexibility and innovation within system reform and transition to the National Disability Insurance Scheme (NDIS):
System reform and sector capacity building projects will no longer be funded within PIR as the programs will focus on their transition phase to supporting the NDIS rollout. CSAPHN will work with PIR programs within its catchment region to support this transition of system reform agenda and activity.

Community based suicide prevention activities

A coordinated approach to suicide prevention across CSAPHN:
Manage stakeholder & key partnerships in suicide prevention services to ensure transparency in planning processes, development & implementation of regional operational suicide prevention plan. 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 or self-harm.

Building strengths, partnerships, capacity & resilience in suicide prevention within Aboriginal Torres Strait Islander (ATSI) communities:
Identify & support Aboriginal specific suicide prevention networks and improve suicide awareness and training amongst 'gatekeepers' & 'natural helpers' in communities effected by self-harm & suicide. Improve understanding of culturally appropriate ATSI suicide prevention strategies through quality education, awareness and promotion, encourage the integration of clinical services with cultural content to allow for programs/activities with high clinical governance & high cultural competency.

Improved support for individuals/communities who have been impacted by suicide, attempted suicide, self-harm or at high risk of suicide:
Support early intervention and postvention services for individuals and communities, encourage and promote integration between community prevention, intervention and postvention service providers with clinical services. Increase community access of specific suicide prevention training and education for communities & service providers to build capacity for intervention and confidence in communities after a suicide event.

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

Identify and support male suicide prevention specific education including gender appropriate language & promotion activities. Improve understanding of male suicide and appropriate delivery modalities and support online help seeking resources and e-help applications.

Aboriginal and Torres Strait Islander mental health services

Building strengths, resilience, partnerships & capacity in mental health activities within Aboriginal Torres Strait Islander (ATSI) communities:

Work with Aboriginal Community Controlled Health Organisations (ACCHOs) to identify any current shortcomings and discuss and develop potential strategies to support ACCHOs to promote greater competitiveness in tendering for commissioned services. Develop and implement a Stakeholder Engagement Framework and establish a joint high level mental health annual planning forum.

Commission culturally appropriate evidenced based services for ATSI people via the Country SA PHN, Mental Health Alcohol Other Drugs (MHAOD) Invitation to Apply (ITA):

Culturally appropriate co-design of activity with providers pending successful ITA applicant process to develop and/or commission low intensity mental health services to supplement online mental health therapies. Further engagement and consultation with the ACCHO and Aboriginal community sector to identify areas for improved service linkages and interface between primary health care and Hospital services.

Engage with local communities and consult with relevant local indigenous and mainstream primary health care organisations to better identify the specific mental health needs of ATSI people:

Determine the most appropriate mix of service delivery modalities for commissioning in each region, developing partnerships within Aboriginal communities to implement community specific responses and support models and identify needs targeted to individual or small groups of individual communities.

Stepped care approach

The aims of this activity are to design, promote and commission primary mental health services within a person-centred stepped care approach. Support and champion the stepped care system reform via direct CSAPHN operational support. Foster and fund activities in the mental health sector to build capacity in governance, quality, access and recovery.

Regional mental health and suicide prevention plan

To identify, encourage and support targeted initiatives, activities and programs that are regionally specific in needs and delivery:

Partnerships and greater coordination, linkage and accountability, effective linking of metropolitan based services to rural services and communities within 'follow up' care of individuals after a suicide attempt, self-harm or mental health episode. Support forums for cross fertilisation throughout service delivery in mental health and suicide prevention & focus on key partnerships.

To identify, encourage and support targeted initiatives, activities and programs that are regionally specific in needs and delivery:

Distribution of mental health, drug and alcohol and suicide prevention specific surveys. Support and encourage activities that improve access to mental health services, decrease stigma and encourage help seeking behaviours, support existing prevention networks with aim of greater linkage and collaboration across sectors and regions.

To identify, encourage and support targeted regional postvention activities and programs:

Advocacy and leadership of responsible reporting of mental health and suicide in the media through collaboration, develop partnerships with existing postvention services, provide access to Gatekeeper training for communities & service providers to build capacity for intervention and confidence in communities after a suicide event.

To maintain and further develop growth in service mapping and needs analysis across CSAPHN region:

Improve mental health related service mapping to help identify and address service gaps where needed.