

Working together towards integration

A new approach to mental health service
planning and delivery in Tasmania



Current investment in youth mental health

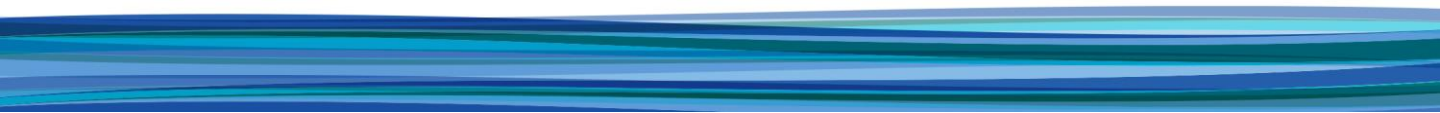
Primary Health Tasmania (PHT)

- 35% of available mental health funding goes to targeted youth services
- Young people can also access a range of other PHT funded mental health services

DoH

- Provides specific flexible support funding for young people who are clients of Child and Adolescent Mental Health Services (CAHMS) or Adult Community Mental Health Services.

THS

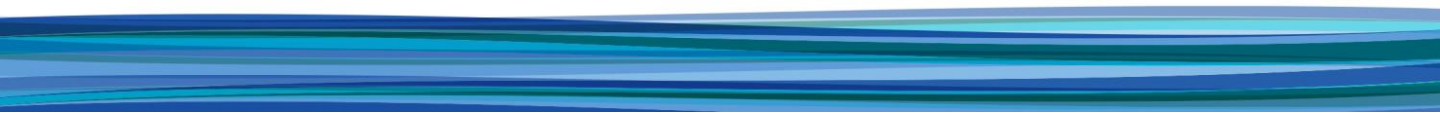
- provides acute services for young people across hospital and community settings.
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Enabling a collaborative approach

Policy Drivers

- Contributing Lives, Thriving Communities
- Fifth National Mental Health Suicide Prevention Plan
- Rethink Mental Health
- Mental Health Integration Taskforce
- Productivity Commission (Draft Report)

Local Enablers

- Single PHN, Local Hospital Network and Department of Health
 - Tri-lateral agreement between PHT, DoH and THS
 - Steering Group – PHT, DoH, THS, MHCT, NDIA, Flourish, Mental Health Families and Friends
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What guides local service planning and delivery

Areas of Focus	
Local context	Suicide prevention
Providing services across the stepped care spectrum	Aboriginal and Torres Strait Islander mental health and suicide prevention
Severe and complex mental illness	Rural and remote populations
Supporting the physical health of people with mental illness	Other special need groups or sub-regional issues
Workforce Planning	Overall – links to broader strategies or planning

Our approach to joint local planning

- Rethink, Suicide Prevention Strategies and Taskforce Report - achieve many objectives of a joint plan
- Tasmanian plan will provide summary of reform progress to date and set out new priorities and actions to address identified gaps
- Will consider extending current Suicide Prevention Strategies to allow any new national work and the Tasmanian Suicide Prevention Trial to conclude
- Separate implementation plan with key timelines, resource needs and responsibilities

The state context - Rethink Mental Health

Empowering Tasmanians maximise mental health and wellbeing

Getting in early and improving timely access to support

Greater emphasis on promotion of positive mental health, prevention of mental health problems and early intervention

Responding to the needs of specific population groups

Reducing stigma

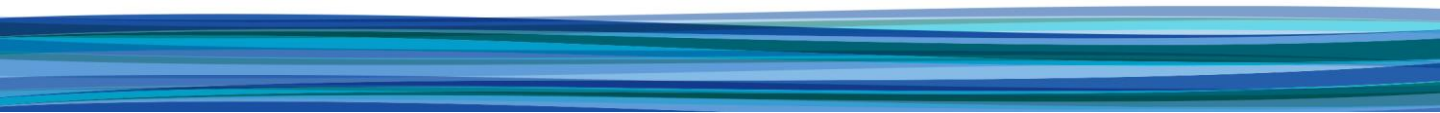
Improving quality and safety

Integrated Tasmanian mental health system

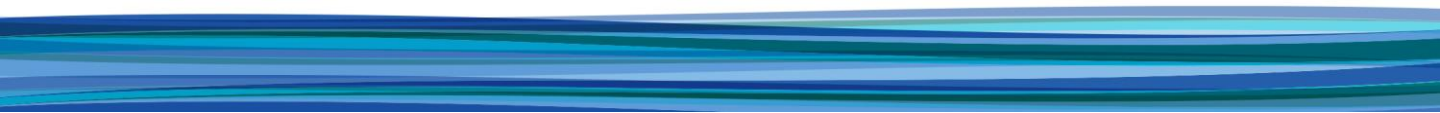
Supporting and developing workforce

Shifting the focus from hospital based care to support in the community

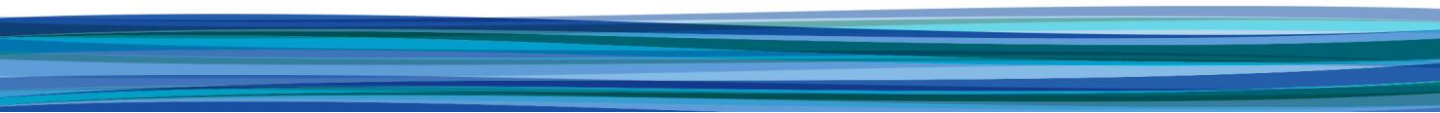
Monitoring and evaluating our action to improve mental health and wellbeing



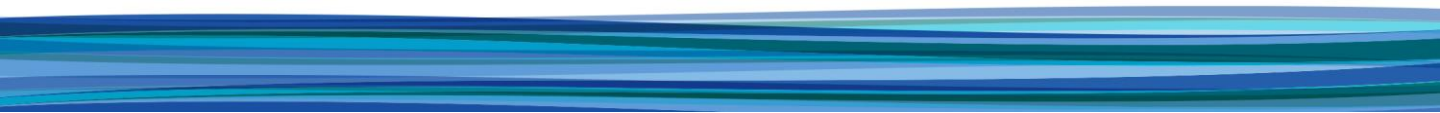
Mental Health Reform Program

- Provides a framework to implement the recommendations of the Mental Integration Taskforce.
 - But is consistent with the intent of joint planning process, in that it:
 - Builds on the existing Rethink mental health plan – expands on the high level directions 4 and 5 of Rethink.
 - Promotes collaboration and integration between primary care and specialist mental health services.
 - reflects the intent of fifth national mental health and suicide prevention plan
 - Recognises the need to respond specifically to the needs of particular population groups, including young people.
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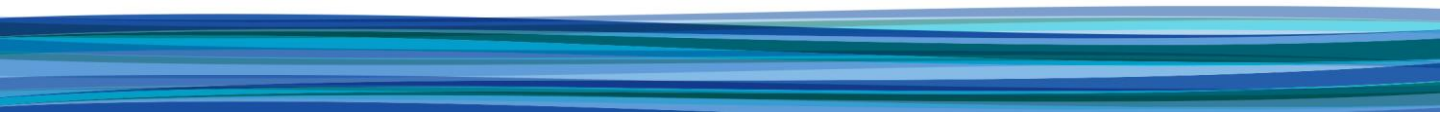
Mental Health Integration Taskforce



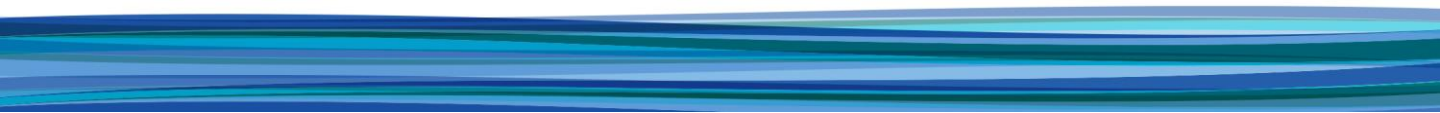
What were we tasked to do?

- Provide advice on how we best deliver services across the spectrum of mental health care – from community facilities, inpatient units, the Emergency Department – to ensure Tasmanians get the right care, at the right place, in the right time
 - Provide expert advice on the best use of the new 27 mental health beds to the benefit of Tasmanian “patients”
 - Consider integration from the perspective of people using the system (consumers and their families and carers) and service providers delivering the system
 - Lived experience will be a key consideration across all aspects of the work of the taskforce
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How we went about it?

- Six half-day workshops of the Taskforce
 - Written submissions were not formally sought
 - A broad range of information considered including national and international best practice examples.
Trieste, UK, US and Europe as well as Australian examples
 - Consultative forums across the sector that achieved broad engagement.
 - Positive and welcome contributions throughout.
 - In parallel, the Clinical Planning Taskforce conducting the Master Planning of the RHH and Repat sites, stages 2 and 3 were endorsed by the State Government in March 2019.
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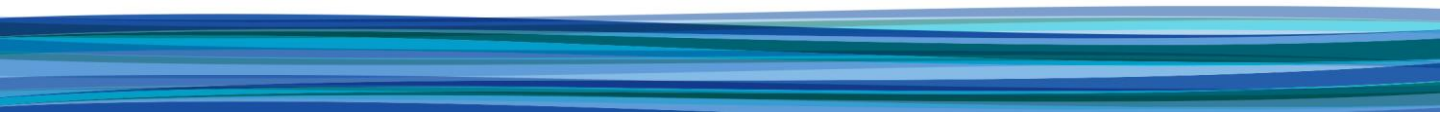
How should we define Integration?

- “My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes” and
 - “Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the care and care sector... to enhance quality of care and quality of life, consumer experience and system efficiency for people living with mental illness, their family and carers, that cuts across multiple services, providers and settings.”
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What is being recommended?

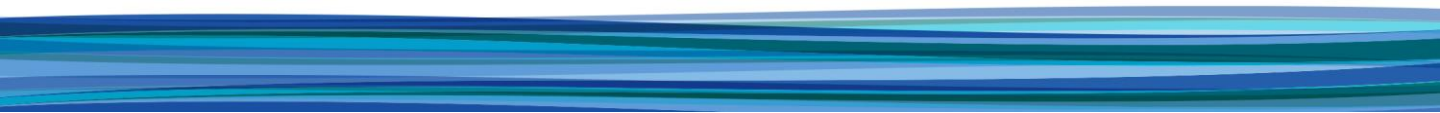
21 Recommendations that cover three broad areas

1. Vertical Integration (12 recommendations),
2. Horizontal Integration (5 recommendations), and
3. Implementation (4 recommendations).



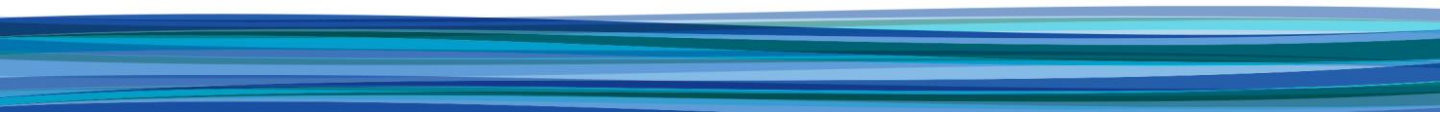
Vertical Integration

Relevant themes from recommendations

- Focus should be on developing a Community Mental Health System rather than Community Mental Health Services.
 - New consistent models of care for each of the four mental health programs within the service. Of primary importance, this should be done jointly to get an agreed understanding of the boundaries and interfaces.
 - Improved relationship between Mental Health Services and the Alcohol and Drug Service (ADS)
 - Re-organise the services that people need to access when needing most urgent access (helpline etc)
 - Develop a better system of collaboration between Public Mental Health Services and Primary Care.
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Horizontal Integration

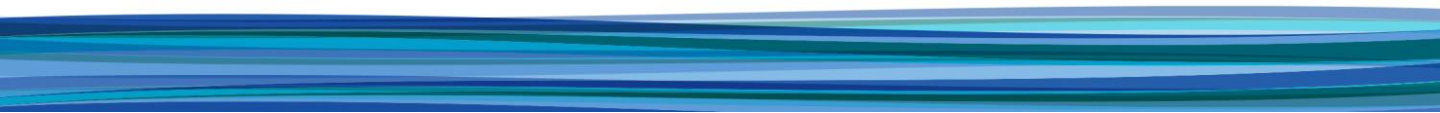
Relevant themes from recommendations

- Better integration of a range of social services, disability support, peer operated services and clinical services, built around ensuring the recovery concept.
 - Support for the Safe Haven concept from the United Kingdom as well as being an opportunity to provide a non clinical option for those people who are in suicidal distress
 - The ability to have flexible funding through the Community Managed Sector in Tasmania that would support the provision of services that promote greater horizontal integration, either at the Integration hubs or in other parts of the Community Mental Health System
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Government Response

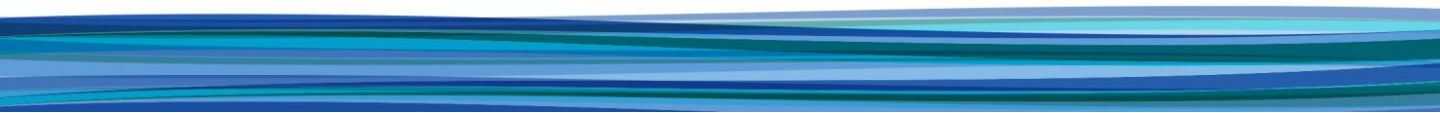
The Minister for Mental Health and Wellbeing has announced that Government has accepted all recommendations and that they intend that all will be implemented.

This will be achieved through 8 key actions as follows:

1. Establish a Mental Health-Hospital Avoidance Program
 2. Establish Integration Hubs at SJP and Peacock Centre
 3. Establish Specialised Suicide Response Service
 - 4. Review the Model of Care for CAMHS**
 5. Dedicated Statewide Services for people with Complex needs
 6. Continue the key reforms of the Alcohol and Drug Sector and the Transition to the NDIS
 7. Use the NMHSPF to inform regional planning
 8. Establish a dedicated project resource with clear governance and accountability with regular reporting
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General remarks about Integration

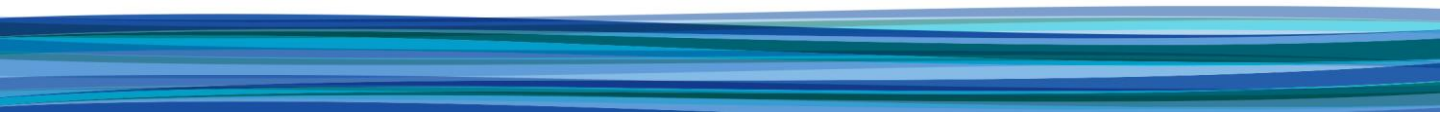
Leutz's "Laws" of Integration:

- You can integrate all of the services for some of the people, some of the services for all of the people, but you can't integrate all of the services for all of the people.
 - Integration costs before it pays
 - Your integration is my fragmentation
 - You can't integrate a square peg and a round hole
 - The one who integrates calls the tune.
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4. Review CAMHS model of care.

A project to review all aspects of the CAMHS model of care will commence as soon as practicable.

This will encompass an analysis of the staffing needed for the new Adolescent MH inpatient services, the current CAMHS Hospital Team, the CL services the Community CAMHS service and the recently announced all age Eating Disorder Residential Treatment Centre.



What does not change?

- Additional capacity (adolescent beds) will still be established in 2020.
- As part of Stage 2 of the RHH, there will be a Short Stay Unit established in the new ED, where Paediatric Outpatients is currently located.
- Stage 3 of the RHH will, once funded, see the development of a new MH inpatient precinct.

If you want to find the full Taskforce report and the Government Response it can be found at the following site:

<https://www.dhhs.tas.gov.au/mentalhealth>