

Monitoring mental health
and suicide prevention reform

Fifth National Mental Health and Suicide Prevention Plan, 2018

Case Studies



Australian Government
National Mental Health Commission

In August 2017, the Council of Australian Governments (COAG) Health Council endorsed the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). One of the requirements of the Fifth Plan is for the National Mental Health Commission (NMHC) to deliver an annual report to Health Ministers on the implementation progress of the Fifth Plan, and performance against identified indicators.

The NMHC has compiled the first report on the implementation of the Fifth Plan and performance against identified indicators – *Monitoring Mental Health and Suicide Prevention Reform: Fifth National Mental Health and Suicide Prevention Plan, 2018* (2018 Report).

To gauge progress, the NMHC surveyed the 51 key stakeholders responsible for implementing the Fifth Plan. These responses were used to compile the 2018 Report. This is the first report in a series that will be produced annually over the life of the Fifth Plan. Subsequent reports will use the baseline information from the 2018 Report to provide a sense of how actions are progressing into the future.

As implementation of the Fifth Plan progresses, the NMHC expects that reforms will lead to visible change for consumers and carers, as well as the sector more broadly. The NMHC will monitor and report on these changes to ensure that there is genuine improvement for people living with mental illness in Australia.

The NMHC will continue to work collaboratively with state and territory governments to ensure that the Fifth Plan is successfully implemented, and improvements are made to mental health and suicide prevention in Australia.

This document supplements the 2018 Report and showcases some examples of initiatives developed by stakeholders to implement the actions identified under the Fifth Plan.

Integrating services for young people at risk of psychosis

The Fifth Plan Priority Area 1 recognises that when the mental health service system works in an integrated way, it is easier for consumers and carers to navigate and care is delivered in the most effective and efficient way possible.

In working to achieve service integration in the Western Australia region, the Western Australian Primary Health Alliance (which includes three Western Australian Primary Health Networks (PHNs)) has commissioned the Early Youth Psychosis Program (EPYS) in Perth South PHN.

The EPYS is a mental health recovery service for young people aged 12–25 who have experienced

a first episode of psychosis characterised by a severe level of clinical symptoms and degree of functional decline. A significant feature of the EPYS is the recovery oriented person-centred care planning, which includes family and friends and is delivered in a shared care environment. Integrated psychiatric, medical, psychological and comprehensive functional recovery services are provided in partnership with state health services and headspace with outreach and assertive follow-up. The commissioning of the EPYS service requires the provider to partner with existing state based services in an integrated and sustainable model of care.

Integrating systems to improve service delivery

Integration is a pivotal theme underpinning the Fifth Plan. Integration is concerned with building relationships between organisations that are seeking similar aims to improve the outcomes and experiences of consumers and carers.

Meaningful integration can be implemented at many levels. As part of an organisational restructure, ACT Health brought mental health, justice health, and alcohol and drug services together into one division to enable better coordination and continuity of care across these service areas. Whilst ACT Health Mental Health Services had used a single comprehensive electronic clinical record (ECR) for over 15 years, justice health and alcohol and drug services had continued to operate with paper-based records. In order to maximise the benefits of the service restructure, all services were integrated into a single ECR system in October 2017.

The implementation of the single ECR has enabled:

- A single source of clinical information for mental health, justice health, and alcohol and drug services

- Improved cross-service clinical handover and communication within mental health, justice health and alcohol and drug services
- Improved complex multidisciplinary care planning and service delivery for people accessing mental health, justice health and alcohol and drug services
- Improved communications pathways for referrals and clinical handover to other ACT Health Services
- Improved access to data and reports to support mental health, justice health and alcohol and drug service staff in managing daily operations and in the planning of services
- Improved ability to meet jurisdictional reporting requirements.

The ECR also integrated with key ACT Health clinical systems (e.g. patient administration system) which has facilitated better communication across health services in relation to discharge summaries and alerts.

Ongoing work is occurring to refine the system, which will be evaluated to assess its impact on the experience and outcomes of consumers and carers.

Providing HOPE to people at risk of suicide

Under the Fifth Plan (Priority Area 2), governments committed to providing consistent and timely follow-up care to people who have attempted suicide or are at risk of suicide.

Consistent with this commitment, the Victorian Department of Health and Human Services established the Hospital Outreach Post-suicidal Engagement (HOPE) Initiative. The HOPE Initiative provides assertive, tailored post-vention and psychosocial support in the community, for a period of up to three months post discharge from hospital.

The HOPE Initiative targets people that require support following a suicide attempt, or who express suicidal ideation and/or repeatedly intentionally self-harm, but do not meet the threshold for specialist clinical mental health services.

The program also supports the person's carers, friends and families to build resilience and enhance protective factors that reduce the risk of suicide, so they can better support their loved ones.

More than 500 people have been assessed and supported across six HOPE sites. An additional six HOPE sites will begin operation from January 2019.

Reducing smoking prevalence to improve health

Smoking tobacco is the leading cause of preventable death and disease in Australia, and people living with serious mental illness are three times more likely to smoke than the general population.

The Latrobe Local Government Area (LGA) has the highest prevalence rate of smoking in the state of Victoria. To understand why, and to support their community to quit, Gippsland PHN has partnered with QUIT Victoria, Alfred Health and the Latrobe Health Assembly to develop a smoking cessation program.

Using qualitative research conducted with the local community, Gippsland PHN is co-designing a range of initiatives that aim to reduce smoking prevalence rates in their community. Longer-term

aims of these initiatives include reducing smoking prevalence among vulnerable groups in Latrobe LGA, including people with mental illness.

Gippsland PHN has also designed a brief intervention model of care for health professionals, based on best practice and evidence based methods to support a patient to have a quit attempt. People with mental illness are identified as a target cohort in this model of care.

Consistent with the aims of Fifth Plan, the Gippsland PHN's initiatives are an opportunity for the residents to improve their physical and mental health (Priority Area 5). It is anticipated that the program will be replicated across other regions in Victoria in future years.

Coordinating suicide prevention activities

The Fifth Plan acknowledges that current approaches to suicide prevention have been criticised as being fragmented, with duplications and gaps between services for consumers. Where there is competing or overlapping services, there is a lack of clarity about which services are most effective or efficient.

In order to effectively coordinate suicide prevention activities (Fifth Plan Priority Area 2) across Western Australia, the Western Australian Mental Health Commission identified the need for community based suicide prevention coordinators. The Western Australian Mental Health Commission has introduced 10 suicide prevention coordinators to work directly with local and regional stakeholders across the eight Western Australian health regions.

The role of the suicide prevention coordinator is to initiate, coordinate, manage and support the

development, implementation, and evaluation of suicide prevention, intervention and post-vention activities at the local, community and regional level. Suicide prevention coordinators also build the capacity of the community and relevant service providers to enable them to better identify and address local suicide-related issues through evidence based prevention activities.

The suicide prevention coordinators have achieved a demonstrated increase in the number of suicide prevention training sessions and local prevention activities across each of the eight Western Australian health regions. The suicide prevention coordinators have also contributed to the rollout of the Western Australian Mental Health Commission's Think Mental Health campaign, with the aim of improving mental health and wellbeing, and reducing poor mental health throughout Western Australia.

Aboriginal and Torres Strait Islander leadership in mental health

Aboriginal and Torres Strait Islander people have twice the rate of suicide and are almost three times more likely to experience high or very high levels of psychological distress than other Australians.

In order to improve Aboriginal and Torres Strait Islander mental health and suicide prevention (Fifth Plan Priority Area 4), Aboriginal and Torres Strait Islander leadership in mental health services is fundamental to building culturally capable models of care.

Community and stakeholder consultation undertaken by Country SA PHN for the National Suicide Prevention Trial program revealed a need to improve emergency and follow-up care for Aboriginal

people in suicidal crisis. In response, the Country SA PHN established an Aboriginal working group to co-design an Aboriginal specific aftercare service model.

The service is designed to provide culturally and clinically appropriate coordinated care for Aboriginal people following a suicide attempt. The service is delivered by an Aboriginal Community Controlled Health Organisation (ACCHO) and includes access to high quality emergency and follow up care to maximise recovery and prevent escalation.

This community-led approach has led to the upskilling and capacity building of a rural ACCHO to lead the way in trialling culturally appropriate, evidence based best practice Aboriginal aftercare service.

Enhancing strengths through culturally appropriate early intervention

As identified in the Fifth Plan, services and programs that are effective for the general population may require modifications in order to improve the mental health of Aboriginal and Torres Strait Islander people (Priority Area 4). An example of this is NSW Health's Got It! (Getting on Track in Time) program.

Got It! is an early intervention program, targeted at 5–8 year olds, that aims to reduce the frequency and severity of emotional and behavioural difficulties. Despite the overall success of the Got It! program, teams experienced significant challenges in engaging with Aboriginal families.

In response, NSW Health established Aboriginal Got It!, a culturally tailored program that would better engage Aboriginal families in designing and delivering

appropriate care. It is anticipated that the program will improve mental health and wellbeing outcomes for Aboriginal children, youth and their families by:

- encouraging the development of children's self-regulation and problem solving skills
- supporting parenting practices and family functioning of Aboriginal families and young children
- strengthening relationships between Aboriginal families, schools and local community-based agencies
- strengthening the confidence and resilience of Aboriginal children through cultural connections and promoting strong cultural identity.

Creating a joint blueprint to address complex needs

To facilitate integrated regional planning and service delivery (Fifth Plan Priority Area 1) the Central Queensland, Wide Bay and Sunshine Coast PHN, Hospital and Health Services and the Queensland Department of Health's Mental Health Alcohol and Other Drugs Branch and other key stakeholders, have formed a Regional Mental Health, Alcohol and Other Drugs Council (the Council).

The Council has developed the Mental Health, Suicide Prevention and Alcohol and Other Drugs

Joint Regional Plan 2018–2023 (the Plan).

The Plan provides a blueprint for addressing the region's complex mental health and substance misuse needs, using a joint approach and the combined resources, goodwill and efforts of federal, state and local service systems.

The plan for integrated service delivery in the region was developed using the National Mental Health Service Planning Framework and a series of co-design workshops with consumers and carers.

Providing information to consumers to understand the side-effects of medications to support better health outcomes

Negative side-effects of mental health-related medications can contribute to poorer physical health among people with a mental illness. Evidence also shows that side-effects from medication are important determinants of patients' beliefs towards medications and adherence to treatment.

Consistent with the Fifth Plan's goal of improving the physical health of people with mental illness (Priority Area 5), the Chief Psychiatrist of Western Australia along with a team of researchers at the University of Western Australia developed the

My Medicines and Me Questionnaire (M3Q)—a tool designed to gain insight into consumers' experiences of side-effects to medications across a wide spectrum of mental illnesses of differing severities.

Consumers can use M3Q to understand, track and communicate the side-effects of medications with their health care professional. The M3Q encourages consumers to voice their concerns about medication side-effects to support better mental health and physical health care outcomes.

Enabling system performance by certifying digital mental health services

Head to Health is an online gateway, funded by the Government, that contains around 378 free or low cost phone and online mental health services and resources, all of which complement or act as an alternative to face-to-face services. Since its launch in October 2017, Head to Health has helped people more easily access information, advice and digital mental health supports and treatment options.

To ensure that the enablers of effective system performance and system improvement are in place (Fifth Plan Priority Area 8), the Department of Health has engaged the Australian Commission on Safety and Quality in Health Care to develop a certification framework, including national standards, for digital

mental health services. The Australian Commission on Safety and Quality in Health Care will be engaging with a range of stakeholders, including consumers, carers, service providers, and states and territories over the coming months to inform the development of the framework and standards.

These standards will make it easier for non-Commonwealth funded digital services to be listed on Head to Health, broadening service choice and filling current service gaps for users, while ensuring a high quality of service is maintained. Jurisdictions have recently been invited to nominate state-funded and endorsed digital mental health services for inclusion on Head on Health.

Improving services through collaboration

The Fifth Plan acknowledges that the contribution of consumers and carers is vital and should be at the centre of planning and delivery of mental health services.

The South Australia Local Health Network (SALHN) demonstrated significant collaborative stakeholder engagement in the development of their new state-wide Veterans' Mental Health Service.

Stakeholders, including consumers and carers, were engaged through an Expert Advisory Panel and five interrelated working groups that covered many elements of the project, including

the building design, partnerships, research, the model of care to be used at the facility and how memorialisation would be incorporated in the facility. This collaboration enabled SALHN to produce a state of the art facility and deliver comprehensive mental health services for veterans.

To continue to promote service development and innovation, the Veteran Mental Health Service will continue to work in close partnership arrangements with veteran patients, carers and families, other SALHN services, other Local Health Networks, government agencies, private providers, primary care, Ex-Service Organisations and researchers.

Addressing physical and mental health through stepped care

Effective mental health care, in conjunction with quality physical health care, improves life expectancy and quality of life for consumers (Fifth Plan Priority Area 5).

A mental health stepped care model (MHSCM), such as the one implemented by Eastern Melbourne PHN, tailors services to people in the community with a mental illness, whilst also addressing their physical health needs.

Taking an early intervention, whole-of-person care approach underpins the MHSCM with a

focus on integrated care to address physical health and social support needs of consumers. The MHSCM is comprised of a multi-disciplinary team including GPs, psychologists, mental health nurses, social workers, allied health providers, care coordinators and peer workers.

The MHSCM aims to achieve better tailored services for consumers, improved experience and outcomes for consumers and improved system efficiency and referral pathways.

Upskilling GPs to improve care

Approximately 690,000 people (3% of the population) have a severe mental illness. With so many Australians living with severe mental illness, it is critical that clinicians and other service providers are equipped to provide the appropriate, and necessary, support (Fifth Plan Priority Area 3).

The value of, and need for, a GP Psychiatry Support Line was identified through needs assessments and co-design processes for a number of New South Wales PHNs, with many GPs and consumers voicing the need for better links to specialist advice and support. Access to bulk billed psychiatry is limited in many areas of New South Wales, meaning that the local GP is often the central point of clinical care for people experiencing severe mental illness. The decision to co-commission a support line arose as an action from the NSW/ACT PHN Mental Health Network, with South Eastern NSW PHN leading the

process. Central and Eastern Sydney PHN, Hunter New England and Central Coast PHN, Murrumbidgee PHN, Western NSW PHN and Northern Sydney PHN added funding, local knowledge and expertise to inform the design and development of the model.

Delivered by ProCare, the GP Psychiatry Support Line allows GPs to seek advice on the diagnosis of a mental illness, medication, further investigations and the development of safety plans. The service also enables direct advice from psychiatrists to GPs to assist with the management of patients with severe mental illness.

Not only does the GP Psychiatry Support line improve care for people living with severe mental illness in the community, it also builds the capacity of GPs, empowering them to coordinate treatment and supports for people living with severe and complex mental illness.

Strengthening engagement to integrate planning and service delivery

There are a range of funding sources available in the Northern Territory for primary health care and community service provision in the mental health and suicide prevention space. Without sufficient liaison across the sector, there is a tendency for potential duplication of effort and development of service gaps.

The Northern Territory has established a services planning working group led by the NT PHN, with the Northern Territory Department of Health and the Australian Government Departments of Health, Social Services and Prime Minister and Cabinet to

contribute to integrated regional planning in the Northern Territory. This initiative was introduced in June 2017 as it was identified that there were funding agencies duplicating service delivery in the mental health and suicide prevention space.

This working group aims to provide a forum that supports mutually agreed transparency and sharing of information for planning and funding discussions affecting primary health and community mental health commissioning intentions, needs assessment, service planning, and actual funding allocations. This is consistent with Priority Area 1 of the Fifth Plan.

Assertive outreach for youth with severe mental illness

Despite ongoing efforts, many people with severe and persistent mental illness do not receive the support they need.

In response to a previously unmet need, Brisbane North PHN funded Redcliffe Area Youth Service to establish 'Asha', a mobile assertive outreach service that facilitates holistic, coordinated, person-centred care for people aged 12–25 who have, or are at risk of developing, a severe mental illness (Fifth Plan

Priority Area 3). Asha responds to the need for a flexible outreach service for young people who may not be appropriate for headspace or Child and Youth Mental Health Services and are at risk of not engaging with the mental health system.

Asha began accepting referrals in May 2017 and quickly reached its client capacity, suggesting that it contributes to filling a service gap for young people in the Brisbane North PHN region.

Regional collaboration to respond to community needs

In response to the high need for access to mental health and alcohol and other drug treatment services amongst Aboriginal and Torres Strait Islander people in the Northern Territory, NT PHN collaborated with key partners to promote knowledge sharing and integration among funding agencies.

Members of the Northern Territory Aboriginal Health Forum, including NT PHN, Aboriginal Medical Services Alliance NT, Northern Territory Government and the Australian Government, recognised that mainstream approaches to alcohol and other drug and mental health services are not culturally

safe or accessible. Consistent with the aims of the Fifth Plan, the key purpose of the initiative was to co-design culturally appropriate integrated mental health and alcohol and other drug services for Aboriginal people in the Northern Territory, address gaps in service delivery, and add value to existing services (Fifth Plan Priority Area 4).

The initiative resulted in commissioning 11 organisations, most of which are Aboriginal community controlled, to deliver mental health and alcohol and other drug treatment services through a Social and Emotional Wellbeing model.

Preventing suicide by Connecting with People

The Fifth Plan acknowledges that suicide prevention is a complex area of policy with interconnected responsibilities and that government agencies, service providers and the community managed sector all have a role in reducing suicide rates. The Plan also commits all governments to a systems-based approach which focuses on a number of elements including training and education, awareness and stigma reduction (Priority Area 2).

In response, the Tasmanian Government is rolling out Connecting with People (CwP) – an internationally recognised, suicide and self-harm awareness and prevention training program which includes an integrated framework for suicide mitigation that draws from the evidence base for what is known to be effective. This approach to suicide prevention combines compassion and governance with the

aim of improving the assessment of and response to people at risk of suicide by enhancing the quality, consistency and documentation of assessments, care plans and co-producing safety plans.

Tasmania has 18 CwP trainers, located across mental health, emergency response, education, justice, general practice and child protection services. The CwP trainers will deliver training to frontline staff across government and the community sector to build a common language, a common assessment framework, address stigma and support the delivery of compassionate care to people in severe emotional distress.

The Tasmanian approach includes working with Primary Health Tasmania (PHT), to develop a joint regional mental health and suicide prevention plan. The CwP approach will complement this work.



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National Mental Health Commission