

Implementation of comprehensive systems of integrated MH care

Lessons learned from the Inner Sydney Urban
Partnership for Health & Well-being

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Overview

Referencing the St Vincent's Inner Sydney Urban Partnership (UP)

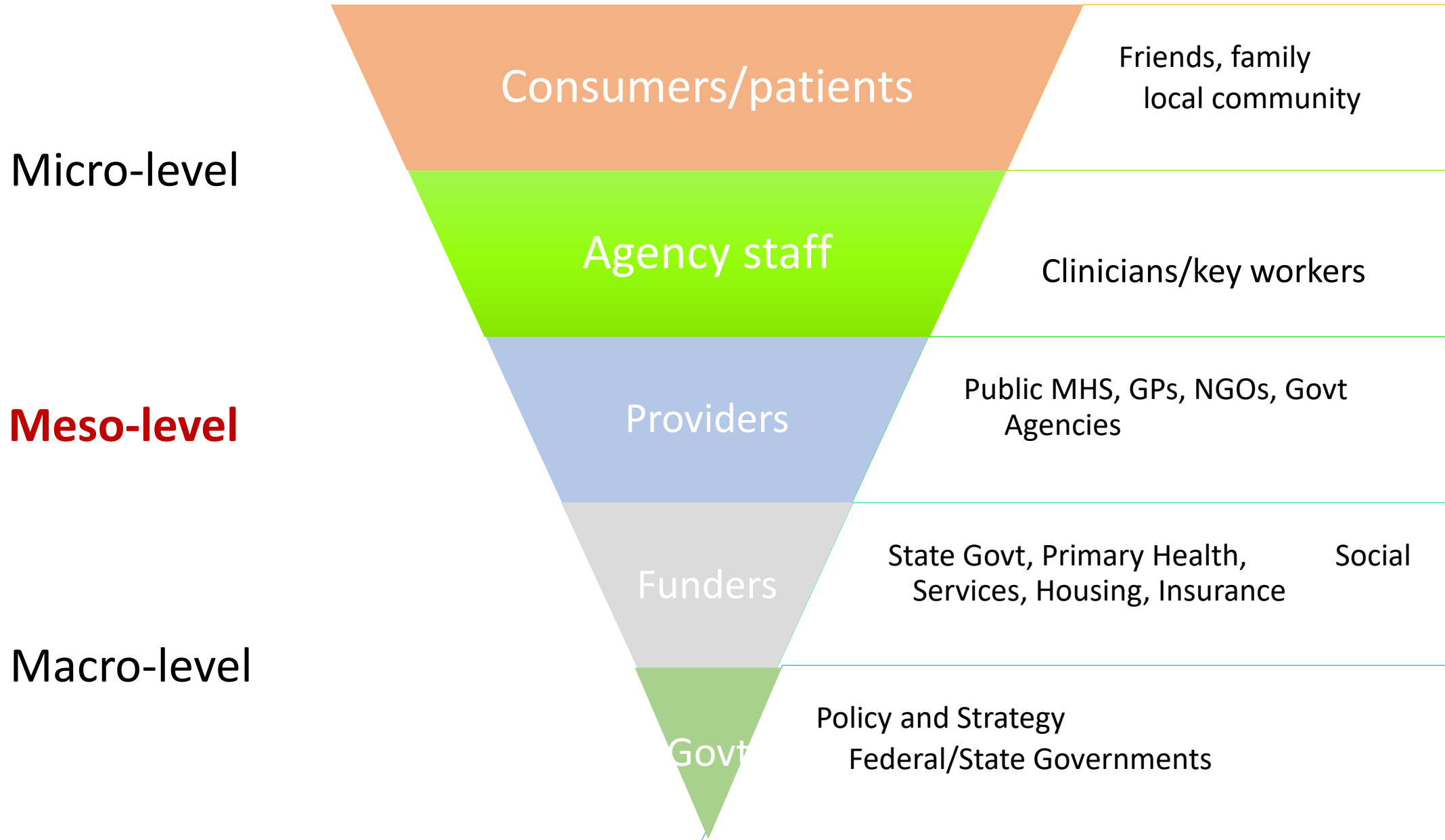
- To briefly review the challenges of implementing integrated mental health and social care in Australia
- To review learnings from the Inner Sydney Urban Partnership
- To propose a key structural initiatives to support funders, planners and providers to establish integrated health and social services for people with mental illnesses and associated conditions within their regions in fulfilment of National and State MH policies.

Basic Learnings

To fulfil National and State policy related to integrated care and address the current fragmentation of MHS the following are critical:

1. The services to be integrated should be known (**MH Atlas**)
2. The context and capacity of the system to address priority needs should be identified (**Health Ecosystems Research**)
3. A process to identify and address critical gaps in the continuum of care should exist (Gap Analysis)
4. **Regional MH & Social Services Partnership Networks** of providers, funders, consumers and carers should be established to co-design, align and oversee the implementation and on-going functioning of services*

Stakeholders and system levels



Integrated MH Care policies/principles

- National Mental Health Standards 2010
- Mental Health Commissions – National and State 2014
- PHNs 2015
- Vth National Mental Health Plan 2016

Policy settings

Vth Mental Health Plan

A service system that works in an integrated way at a regional level to plan and deliver services that are tailored to the needs of consumers and carers, is easier for consumers and carers to navigate, and is delivered in the most effective and efficient way possible

PHN Terms of Reference

Integrate services in partnership with state and territory governments, general practitioners, non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers*.

Imperatives for integrated care?

- **National and State policy and funding are not working vis a vis:**
 - Supporting people in the community with SPMI
 - Early intervention to avert MH crises
 - Hospital avoidance
 - Post-crisis follow-up
 - Integrated Care

Key factors to be addressed*

- Taking local context into account
- Engaging key stakeholders in informal or formal partnerships
- Articulation of governance procedures and identifying leaders
- Financing reforms sustainably
- Establishing appropriate infrastructure and resources
- Accounting for organisational culture
- Encouraging respectful communication
- Providing inter-professional education
- Reduction of stigmatisation and discrimination
- Collecting adequate data that assess the types, capacity and quality of care

* Rosenberg S. Shangri-La and the integration of mental health care in Australia. Public Health Res Pract. 2017;27(3):e2731723.

The St Vincent's Catchment



St Vincent's Mental Health Services

- Typical inner city population with extremes of wealth and poverty
- Vigorous trade in alcohol and other drugs and thriving sex industry
- Highest concentration of homelessness in Australia
- Range of excellent out-reach and support services
- **But** people with emerging or frank **MH crises defaulting to the ED** in high numbers ~ 10-12% total presentations cf 3-5% nationwide

=> High ED presentations ~ proxy for failure of the system

Populations at risk

People who are:

- Addicted
- Mentally ill
- Intellectually disabled
- Homeless
- Socially isolated
- Impoverished
- Unemployed
- Abused/traumatised

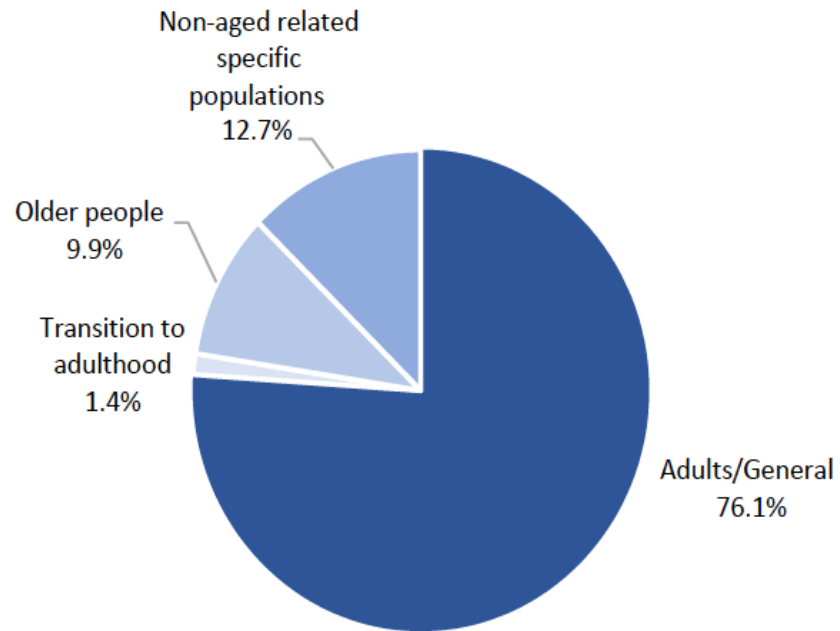
People in these groups:

- Refugees
- Aboriginal and TSI people
- Youth and elderly
- Women and children
- Ex-prisoners
- Sex industry workers

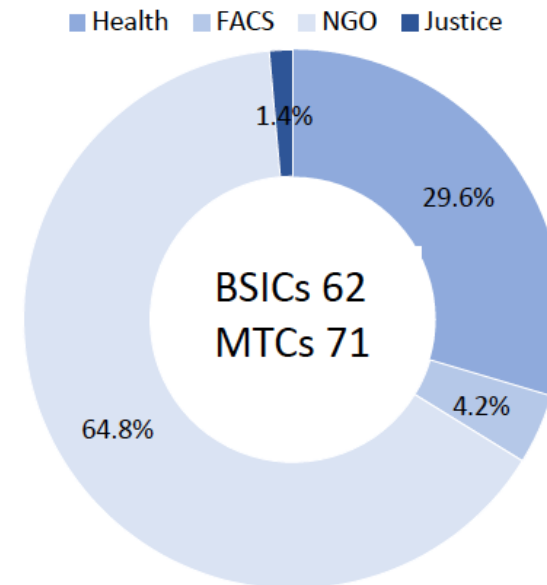
Mental Health Atlas

Distribution of Main Types of Care (MTCs)

Distribution of MTCs according to target population



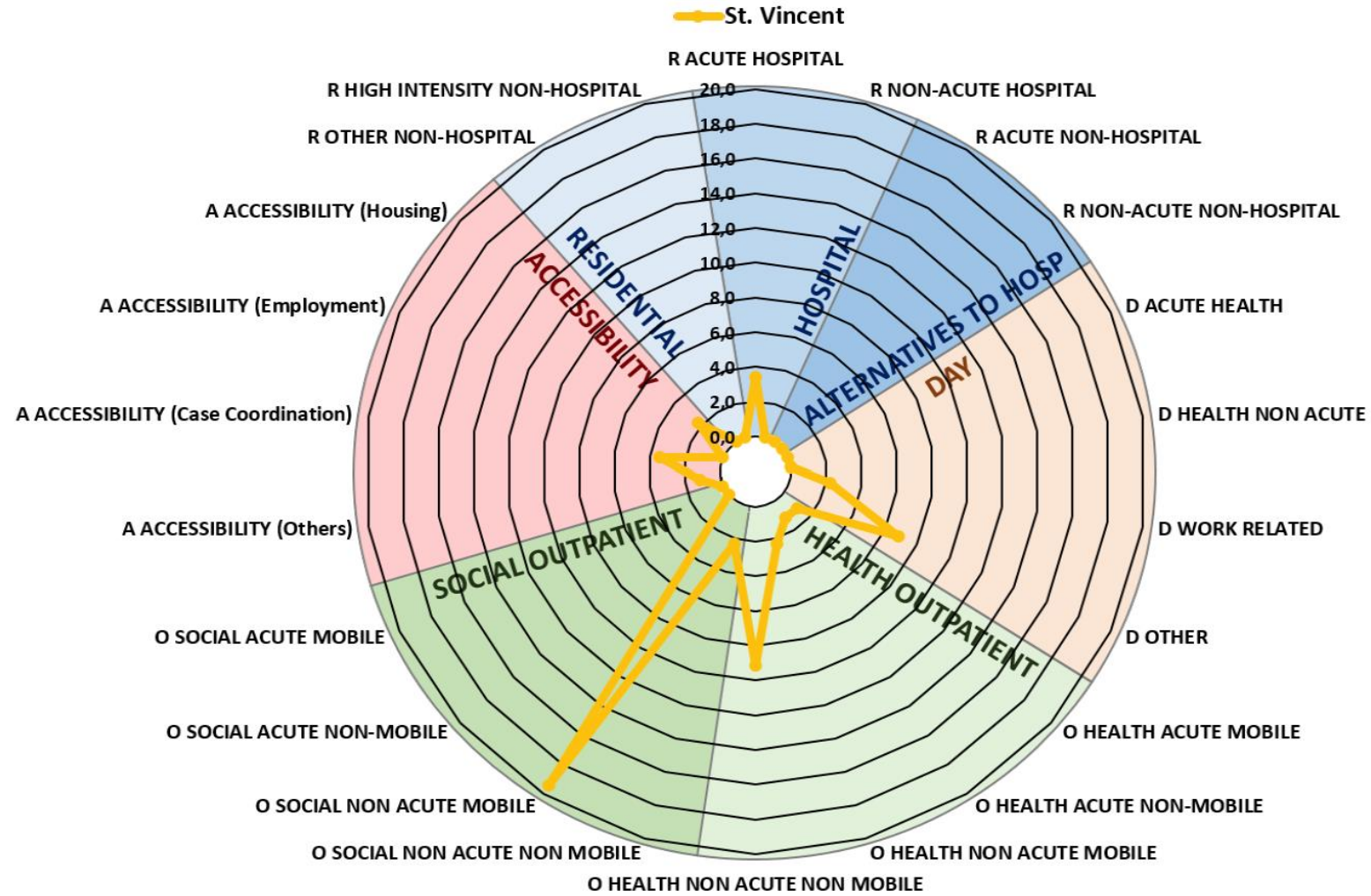
Distribution of the MTCs according to sector



Note: Includes Health and Social Services in SVMHS catchment area

THE MENTAL HEALTH PATTERN OF CARE IN ST VINCENT'S

Availability of MTCs per 100,000 residents



The Inner Sydney Urban Partnership (UP)

Coalition of inner city providers

- SVHNS
- CESPHN
- FACS
- 22 NGOs
- Consumer and Carer peak bodies

Aim

To deliver an enhanced, comprehensive, highly efficient and effective spectrum of integrated, person centred care for vulnerable people living in inner city Sydney

Levels of membership

- Sponsors (Leadership and Governance Group)
- Partners
- Affiliates

Review 2017

- Widespread support for continued development and implementation of UP in terms of:
 - Provider driven integrated MH and Social Services network
 - Agreed network wide philosophy ~ person centredness, strengths based/recovery orientation
 - Agreed care pathways including referral, treatment, support and discharge processes
 - Collaborative planning, local resource allocation and service delivery
 - Simplified structure and governance framework
 - Joint needs assessment and service development
 - mental health atlas
 - needs assessment and planning
 - joint ventures & funding bids
 - research and evaluation

Review 2017

- Concerns about previous process related to:
 - Undue focus on development of structures and governance
 - Initial focus restricted to frequent presenters to ED
 - Lack of priority given to rapid gain, consumer focused initiatives
 - Failure to adequately communicate with and keep broader stakeholder group engaged
 - Lack of transparency in decision making processes
 - Service options involving only a small number of providers
 - Insufficient attention to defining range of common care pathways
 - Lack of clarity regarding working relationship of UP to new funding programmes ~ PHNs, NDIS

Basic Proposal

- **Macro level**

- **Policy settings**

- Vth NMHP, PHN
 - Collective Impact

- **Planning and Commissioning**

- Undertake evidence informed, systemic planning and funding across MH & Social Services (DESDE/MH Atlas)

- **Meso level**

- **Implementation**

- Establish provider-driven, consumer focused Regional MH Partnership Networks

- **Micro-level**

- **Clinical specialist/Recovery oriented integration**

- Care Pathways
 - Case conferencing
 - Community Hubs