

POLICY OPTIONS

Together for the mental health care of older people (TMOP): Improving the network planning and management of integrated primary mental health care for older people in rural regions

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Policy context

Australia's population aged 65 years and over is projected to increase rapidly in both total numbers and in the proportion of the population. While the majority of older people have good mental health, a large number will experience mental health problems. Many individuals over 65 years will experience multiple chronic mental and physical health problems, making health care delivery more complex.

In Australia 36% of the population aged 65 and over live outside major cities, with reported poorer health outcomes and unmet needs for mental health care. Rural older people are particularly disadvantaged by a lack of adequate primary mental health care, with the consequences being frequent and longer acute hospitalisation, deterioration of physical and mental health, and earlier admission to residential care.

An older person with a mental health problem may require input from health, aged care and social care services, and so there is a need for a well-networked range of local services. Governments and professional groups have prioritised mental health service delivery based in primary care, with the need for integration and the provision of the 'right service' at the 'right time'.

Despite support for integrated care, policies are not clear on what this means specifically or what is needed to effectively integrate services. A network approach, whereby a number of independent organisations cooperate to achieve mutual goals, has been suggested. One way to achieve cooperation is through the use of facilitated reflection within the network, where network partners collaboratively problem solve and formulate what they can do together in light of their own circumstances and competencies. This study aimed to explore how a process of facilitated reflection could enable an informal network to plan and manage linked primary mental health care for older people in a rural region.

Policy options

Policy options are presented at the micro (service delivery), meso (professional/ organisational) and macro (system) levels. Given limited resources in rural areas a network might best be one related to older peoples' health across the board but that includes attention to mental health issues.

MICRO LEVEL OPTIONS

Supporting coordination at the level of service delivery:

1. Health, aged and social care service managers establish mechanisms for joint care planning between different service sectors, which, in addition to coordination of consumer care would build network relationships particularly when these are conducted face to face.
2. Service providers to involve the consumer/ carer in care planning so that networks develop that are consumer-focused, more seamless and avoid duplication.
3. The processes of network management should include the development of protocols and tools (e.g. referral templates, decision supports) for local organisations involved in older people's mental health. Through the joint development of these tools, workers across these organisations would then discuss and negotiate in situ their roles, communication processes and care pathways.
4. Information sharing between services about consumer care be promoted by clarifying and educating workers on the current authority and processes (e.g. agreements) that enable services to share information about consumers within the parameters of confidentiality and privacy.

Supporting development of the network:

5. Managers across the health and social care sectors identify link workers within their organisation who have authorisation and commitment to linking with other services in the network. This role should be detailed in position descriptions and recognised so that the link worker has the authority and becomes a resource person within the network.
6. Consumer and carer involvement be incorporated into the development of older people's mental health networks, particularly related to building mental health literacy in the wider community and for building mental health capacity in community support workers.

MESO LEVEL OPTIONS

7. The development of an inter-organisational, inter-sectoral network supported by a 'neutral' network administrative organisation will lead to better and more coordinated care for older people living with mental health problems and facilitate the engagement of carers/ consumers in designing a responsive service system. In rural locations, where there are fewer resources, it is suggested that the network administration organisation have the mandate for older people's health servicing in general, with the remit to form smaller as needed sub-networks specific to the servicing needs of different groups (such as mental health).

Three options are proposed in the full report about the network administration organisation in a rural location being from the new Primary Health Networks, State Health or Local Government.

8. Through their authority managers from health and social care services validate the network by legitimising the time and effort required to establish and maintain local relationships and networking activities that are needed to enhance collaboration. This may involve supporting staff to attend meetings for joint care planning or targeted service development activities.

MACRO LEVEL OPTIONS

9. Include older people as a distinct group in national mental health policy solutions, with specific priority actions and measurements of success.
10. Include the mental health care needs of older people in local government public health plans.
11. Include the portfolio of Ageing in future mental health reform.
12. Include actions for mental health promotion and prevention in Commonwealth and State level mental health policy, with a greater emphasis on providing recovery-oriented care.
13. Include strategies and funding in the health, mental health and aged care policy to support health and social care organisations to work together as a network.

Key findings

In order to best meet the complex care needs of older people with mental health problems, there needs to be coordination at the both the level of service planning and client care. To achieve these levels of coordination, mental health workers and services would benefit from working together as part of a network. We conducted a case study of older people's mental health servicing in a rural region in South Australia, exploring the extent to which services are operating as a network, and the barriers and enablers to networked servicing. This data formed the basis of an exploration of the effectiveness of facilitated reflection in promoting multiple rural services to work together as a network to problem-solve community mental healthcare for older people.

CASE STUDY FINDINGS

- > Services were identified as operating in a range of clustered, separate, self-managed networks within health, aged and social care sectors, with no overarching formal, purposive network that covered older people's mental health servicing.
- > Enablers included direct collaborative activities (localised to particular service groupings), worker level partnership formation, worker attributes and various ad hoc meetings (again localised to particular service groupings).
- > Barriers to more integrated servicing through a network approach included the lack of a network administration organisation, a lack of connection between specialist health and social care, and funding tied predominately to performance of direct care tasks.
- > Barriers to the provision of mental health services for older people included lack of policy support, service inaccessibility and an inadequate feedback loop to both workers and also consumers and carers about the care provided.

FACILITATED REFLECTION

- > Facilitated reflection helped local services to identify as a network and to begin problem-solving interagency communication and referral links.
- > Any change to strengthen collaboration between services requires time to properly address the complexity of establishing a purposive network and address the issues that services are facing. Further cycles of facilitated reflection than occurred over this study are needed to better establish network commitment and evaluate the process.
- > With no clear network administration organisation it is unlikely that a distributed leadership could continue the process of network reflection.

SUMMARY

The main issues impacting upon the function and sustainability of the network in our case study were:

- > The separation between mental health and social care services.
- > Lack of a clear organisation with a mandate to take on overall network governance and management functions.
- > Negative impact of policy and funding models on linking.

These issues can be addressed at micro (service delivery), meso (professional/ organisational) and macro (system) levels of change.

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