Priority area 3:
Service access, coordination
and continuity of care

Outcome

There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services. There is an adequate level and mix of services through population-based planning and service development across sectors. Governments and service providers work together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access.

Summary of actions

- Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.

- Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.

- Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.

- Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.

- Improve linkages and coordination between mental health, alcohol and other drug, and primary care services to facilitate earlier identification of and improved referral and treatment for mental and physical health problems.

- Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.

- Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.

Cross-portfolio implications

To support a collaborative whole of government approach, these actions will require work across state, territory and Commonwealth governments, including work with acute health, community mental health, community support, income support, housing, Indigenous, primary care, alcohol and other drug services and justice programs.

Indicators for monitoring change

- Percentage of population receiving mental health care

- Readmission to hospital within 28 days of discharge

- Rates of pre-admission community care

- Rates of post-discharge community care

- Proportion of specialist mental health sector consumers with nominated general practitioner *

- Average waiting times for consumers with mental health problems presenting to emergency departments *

- Prevalence of mental illness among homeless populations *

- Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities *

* These indicators require further development

The past few years have seen major changes in how mental health services are provided in primary care, especially through the development of initiatives such as the *Better Outcomes in Mental Health Care* program and the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative. These initiatives recognised that people commonly present to their general practitioner with mental health problems, and provided increased access to psychological treatments funded through the Medicare Benefits Schedule.

A number of state/territory based initiatives also provide enhanced support to primary care. These developments recognised the high prevalence of mental health problems, and also the need to improve physical health care for those who experience mental illness. There has also been expansion of living support services provided by non-government organisations in the community which complement the treatment and care provided by clinical mental health services.

These initiatives have greatly increased the range of services provided, including models that cross sectors such as 'step up/step down' facilities located within community settings but with strong input by clinical staff. There have been improvements in design and amenity—for example, through the development of dedicated areas within emergency departments, or consideration of gender specific issues in bed based hospital and community units. The need for services which respond to particular groups or issues such as mother/baby units, secure forensic units or services for people with personality disorders also need consideration.

However, despite increased funding to primary and specialist services, treatment rates for people with mental illness remain low compared with the prevalence of illness. For access to the right service to be improved,

there needs to be an agreed range of service options, across both health and community support sectors. This should be informed by population based planning frameworks that specify the required mix and level of services required, along with resourcing targets to guide future planning and service development that are based on best practice evidence.

A nationally agreed planning framework would also include delineation of roles and responsibilities across the community, primary and specialist sectors, including the private sector, and consideration of the workforce requirements to deliver the range of services. Some service planning work along these lines has been commenced at a state/territory level—in New South Wales and Queensland in particular—and provides a foundation for building a comprehensive national service planning framework for mental health services.

In order to use the service system most effectively and appropriately, there is a critical need for links between and within sectors. Within the specialised mental health system, access pathways should be clear, and consumers, their families and carers engaged so that they can make an informed choice regarding the most appropriate service. This may be particularly important in those illnesses where recurrence or relapse is likely, so that consumers and their carers can access care as early as possible. Service providers need to inform consumers about how to re-access their service when doing discharge planning. There needs to be better coordination between the range of service sectors providing treatment and care, to promote continuity and lessen the risk of dropping out of services at periods of transition. These include both across the life span, and also in particular groups such as those in the justice system, children in protective services, and those with chronic physical illness or disability.

This connectivity and collaboration needs to be embedded across sectors including the

public and private, primary and specialist, clinical and community living support sectors, and coordinated at a local or regional level, recognising that the service mix will vary, given the diversity of Australian communities across metropolitan, rural and remote areas.

Services will work in more collaborative ways if there is greater understanding and respect across and within sectors, and if funding supports flexible and responsive models rather than discrete and often rigid silos. There are particular areas of tension in this area, such as transport of people experiencing acute mental illness, access to inpatient units when demand is great, and management of people who may be acutely ill or intoxicated or both in an emergency department setting. How such tensions are resolved will depend on the development of local solutions backed by good collaboration between sectors and recognition of roles, responsibilities and limitations. Consumers and carers should routinely be involved in such deliberations.

National actions

Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.

A national service planning framework will include acute, long stay, 'step up/step down' and supported accommodation services, as well as ambulatory and community based services. It will take account of the contribution of public, non-government sectors and private mental health service providers, and clearly differentiate between the needs of children and young people, adults and older people. Indicative planning targets must be based on clear role definitions and delineations to determine the appropriate mix of services, and address scarcity or mal-distribution in some geographical locations. The framework needs to be supported by flexible funding models

that allow innovation and service substitution to meet specified targets in different delivery contexts.

Jurisdictions across Australia have moved from a bed based to a largely community based mental health system. While access to inpatient care is vital during the acute phase of some illnesses, innovative models of support in the community have been developed and have demonstrated that they can reduce the need for inpatient beds. However, to improve access and promote equitable access and consumer choice, we need to have a better understanding of the necessary components and best mix of services, recognising that there will be variation between areas, and for different age groups.

For example, aged people may need the support of mental health services in their homes and in generic hostel and nursing home accommodation, as well as access to specialist services when they experience more severe problems. There needs to be clarity regarding responsibility for service provision between health, mental health and aged care. The relationship and governance arrangements between components should enable access on the basis of an individual's need rather than the structure of the service. Service planning should include those involved in the planning and delivery of supported accommodation and community health. Service frameworks should include consideration of socio-demographic factors such as culturally and linguistically diverse groups in a given community.

Most importantly, development of a national service planning framework for mental health services needs to be based on sound epidemiological data that quantifies the prevalence and distribution of the various mental illnesses, as well as evidence based guidelines that identify the treatment required for the range of conditions. Construction of the service framework needs to translate this knowledge about illness prevalence and

required treatments into resources, measured in terms of the workforce and service components required to establish an adequate service system. Australia is fortunate to have a body of internationally recognised mental health researchers and expert clinicians who have established the groundwork in these areas.

Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.

Most people access services in their local community. The service systems should be able to respond to the needs of people of all ages in their community. Services should operate through a local or regional organisation or partnership arrangement to lessen duplication and promote shared information and continuity. Regional partnerships should recognise the importance of the interface between primary and specialist services.

Further development of locally responsive area-based services and specialist services with regional responsibility will increase access to care, including to areas traditionally under serviced such as rural and remote communities. Where population size or geographical location means that a specialist service cannot viably be provided locally, alternatives through the development of improved technology, and support of generic services should be systematically put in place to reduce the risk of 'falling though the gaps'.

Supporting local solutions for local communities will enable 'wrap around' services to better respond flexibly to individuals with complex needs, while understanding the constraints imposed by geographical location, and workforce availability. The service mix should include community supports such as drop in centres and peer support. Consumers and carers should be actively involved to better contribute to service development.

Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.

A key impediment to seamless, joined up services and cooperation between service providers is the different systems of communication and documentation that currently exist. The need for confidentiality and respect for privacy does not preclude sharing information across providers with the consent of the person, and will lessen duplication and fragmentation of services. In particular, systems should enable better communication between areas funded through different levels of government such as primary care and mental health services. They should support the integration between specialist mental health (private and state/territory funded) and primary care. Technological advances should support the provision of safe and efficient treatment and support. There should be consistency and compatibility in the information technology used across jurisdictions wherever possible. Improvement in the interface and accessibility of private and public service is needed. Systems need to support better continuity of care for those presenting with mild through to severe mental health problems and illness.

Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.

People and families who experience mental illness may also have involvement with other services such as emergency services (ambulance, police and fire fighters), child protection services, and may move between jurisdictions. To further support coordination of care, there needs to be shared responsibility

and clear understanding of roles and responsibilities across sectors to ensure good communication and responsiveness.

This can be especially important in complex and busy environments such as hospital emergency departments, or where there are differences in legislative framework and core business such as between corrections and health sectors, or where resource limitations mean that, for example, police are used to transport those experiencing a mental health crisis. Transitions are often associated with increased risk of dropping out of care, or being lost to follow up. Agreements between service areas and improved means of communication provide some strategies to minimise this risk.

Improve linkages and coordination between mental health, alcohol and other drug, and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.

Many people who seek help for mental health problems or for problems associated with use of alcohol or other drugs will do so through their general practitioner. Often these problems will occur together and may be complicated by poor physical health. The impact of misuse of prescribed drugs as well as use of illicit substances needs to be recognised. The impact of combined mental health problems and substance use may require referral from primary care to more specialist assessment, treatment or support. However, the provision of services varies and is often poorly coordinated across and within drug and alcohol services, mental health services, and primary care.

The different service sectors do not always work well together, or have an understanding of roles, responsibilities or limitations. Developing better reciprocal understanding and awareness will support better joint service development and delivery that addresses the

physical and mental health needs. This will also support a 'no wrong door' approach, and lessen the frustration experienced by consumers, their carers and families.

Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.

For many people, knowing who to contact and how in the event of a mental health crisis or problem is confusing. The system can be complex to navigate and the response uncertain. Developing clearer pathways will support early intervention, and diversion to the most appropriate service. We need to incorporate new technological advances that will promote access and information about services. This may involve mapping available support services and considering better information referral systems or portals between nationally available services such as crisis telephone services, specialist helplines and online services, and those available in the person's local area.

The mental health system is only one component of mental health care. In some places—particularly in rural and remote communities—primary care will play the central role in service coordination. For many people, mental health care will only involve the primary care sector, but, for those with more complex needs, there should be an integrated response which is better able to address the needs of individuals and their carers or families. Transition between service areas or components should be experienced as responsive rather than rejecting by consumers, their families and carers. Discharge planning should involve transfer of sufficient information to the continuing care provider and appropriate engagement of family and carers.

Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.

Many people, who for reasons of geographical location or other barriers such as service delivery options or workforce constraints, are not able to easily access private mental health care services, such as Medicare based mental health support. Commonwealth and state and territory government primary mental health care programs, which utilise the non-government sector, are well placed to develop and support innovative service delivery models that assist to target service gaps, making primary mental health care more accessible. An example is the Commonwealth Government's *Access to Allied Psychological Services* Program.

Work has previously been undertaken to develop cooperative approaches to primary mental health care service delivery at the state/territory level, such as *Partners in Mind*, a Queensland Framework for Primary Mental Health Care.

Innovative models may offer more flexibility at the local level, enabling non-government primary mental health care service providers to manage local workforce recruitment and retention issues, and provide targeted services that address service gaps. Consultation with local communities and service providers is required to accurately identify and prioritise unmet need and facilitate coordination between primary, specialist and non-government services to improve access and continuity of care for consumers.