# Wimmera & Southern Mallee Mental Health Service Mapping Project

## Stage 1: Service Mapping

Report

23 June 2016

The goal of stage one of the Wimmera & Southern Mallee mental health service mapping project has been to map and document the services and community agencies that provide support to people with a mental health issue. The information sought was:

- Who they are?
- How they are funded?
- Who is their target group?
- What are the eligibility criteria to enter the service?
- What are the referral pathways/requirements; and
- What is that agency's capacity to deliver services?

The work took a broad focus, including agencies that were not specifically funded to deliver mental health specific programs but supported a community that included people who may have a mental health issue. This included:

- Bush Nursing Centres
- Goolum Goolum, and
- Health services

The information and data was collected through face to face interviews and followed up via email and phone calls. Where possible, networks were also consulted. They included:

- The Wimmera hospital social workers network,
- The Regional HACC Network (Wimmera), and
- The Mental Health Professionals Network.

Once the service directory was drafted it was circulated to all stakeholders for comment. The feedback received ensured that the information was accurate at the time of completion.

In addition to the service directory a summary document outlining the service capacity of mental health service providers in the region was also produced (Appendix 1). This document includes the geographical coverage areas, outreach capacity, clinical staff EFT, wait list data and funding source.

The issues that emerged during the mapping process are discussed in this document as well as the opportunities for the proposed Wimmera Southern Mallee Mental Health Provider Network.

# Emerging themes & issues

**Meeting a range of needs**

There is a wide range of services and supports that can be included within the scope of mental health support and services. The range included clinical services that are specifically funded to support people with a mental health issue as well local community groups that provide opportunities to meet with others who share similar interests.

The service providers who participated in the project were generous with their time and knowledge of the mental health service system. They spoke honestly about their frustrations with the system and potential opportunities that could be pursued.

During the initial stakeholder engagement phase of the project it became apparent that there was a range of information requirements among the service providers. Some providers had queries about the different levels of support and services that were available – particularly if they did not frequently refer to or work collaboratively with mental health funded services. One of the providers spoke about her transition from a general nursing to a carer support role and her discovery of 'what we didn't know – but could have known'.

This was not an isolated example. Some providers were looking for information about the roles of different professionals, while others were unsure about their capacity to support people who had a high level of needs but were not eligible for services or are currently on waiting lists for other services.

This feedback was consistent with the initial concerns that inspired this project– the community development workers and other professionals who do not work in the health sector. These workers were increasingly concerned about their local communities and unsure about what the state community mental health reforms, the roll out of the NDIS and the commonwealth mental health reforms meant for people with mental health issues.

One of the criticisms of the work is that it is was an unnecessary replication of resources that are already available. That resources like Connecting Care which have been heavily invested in already provide service descriptions, contact details, and referral information.

True. Electronic databases like Connecting Care and the National Health Services Database do have service information and contact details. What these resources do not offer is an overview of the range of mental health services and the support they can (and cannot) offer specific population groups. Another concern that has been raised is the accuracy of the information and how well it is kept up to date by providers.

This project has provided the opportunity to map the services that are available across the Wimmera and Southern Mallee region in a way that providers can see the role each service plays in meeting a range of different needs. It has also been able to explore the capacity to provide services. It is not unusually for funding amounts to be too small to offer a proactive service that meets to needs of the local (or regional population).

As indicated above, different providers had different perspectives and knowledge of the system. It was their questions and contributions that shaped the structure and content of the Wimmera and Southern Mallee Mental Health Service Directory.

Provider resource & consumer information

The second factor that was considered when the directory was developed was the transferability of information from the service provider to the consumer. Health literacy, and the importance of ensuring that consumers have access to the information they need to take an active role in their health care is an important element of health policy in Victoria.

The author was conscious that if service providers were seeking clarification about the roles of health professionals and information about how different services were provided – what position are they in when their clients ask for more information about a referral?

One of the concerns is that each discipline and service have a language that reflects the technical/ policy developments that are specific to that area. There is a real skill-set required to explain 'technically familiar' concepts including acronyms in a way that makes sense to consumers and other service providers who are not familiar with the technical jargon used in the mental health sector.

The use of de-jargonised language/plain English in the service directory has been deliberate to ensure that it is accessible to a broad audience. The service directory is not anticipated to be a consumer resource; however, it is intended that some sections could be easily modified or adapted to make the information available to consumers.

In particular, Part 3: Seeking Support and Part 4: Service Information have been written and formatted so they could be printed out for consumers in circumstances where the clinician and/or service provider deems this to be appropriate.

Unfortunately, the limited nature of the project has not permitted us to meet with consumers to ask them if the information would be valuable and it is presented in a format that makes sense to them. This would be a valuable activity to pursue.

Supporting documents

One of the suggestions made about the document was the development of a 'snap-shot' or summary. As one provider fed back – *once the report has been read in depth – a flow chart, quick table or anything visual for reminding us is GOLD!!* This could also be a valuable task to complete in phase 2 of the project.

**Crisis Support**

Crisis support is a key issue for the Wimmera Healthy Minds community network. Several participants spoke about the difficulty getting immediate support for people who were significantly distressed but not assessed as having an urgent psychiatric need.

Ballarat Health Service (BHS) Mental Health Services have a 24 hour triage service that prioritises the acuity and severity of a mental health issue. Individuals who are assessed as urgent must be seen by a mental health clinician within 2 hours.

The issue arises when the individual presents is experiencing a high level of distress, and may be having suicidal thoughts, but are not assessed as requiring urgent attention of admission to an inpatient unit. The individual, and those around them (family and friends) may be advised see their

GP or an appointment might be made to see a mental health clinician in three of four days. Their concern, and perception, is that at a time of significant distress, there is no immediate assistance.

A similar issue was raised by a counsellor who acknowledged that the decision to see a counsellor is often made when a person is at their worst and often in a high level of distress. The services are not funded to provide a crisis response and as documented can have a waiting list of up to 12 weeks.

A number of services provide crisis phone numbers on the services websites and as part of the correspondence to people who have been place on waiting lists for services (Image 1).


Support for Carers in Victoria

Mental Health Foundation of Victor
Phone : 94270406
Psychiatric Helpline
available 24 hours for help and advice
Phone : 1300 661 323
SANE Helpline
provides information and referral
Freecall : 1800 187 263
Emergency after-hours response service
provides an after-hours FREE service.
Phone : 1800 059 059
ARAFEMI
Carer Helpline : 1300 550 265
LIFELINE - 24 hour support
Phone : 13 11 14
Suicide helpline
Phone : 1300 651 251
Grief line
Phone : 95967799
Kid's helpline
Phone : 1800 551 800
OCD / Anxiety helpline
Phone : 1300 269 438

*Figure 1: Help-line resource for carers*

One of the questions raised is around the awareness of crisis lines and the perception that these services are only for people who are contemplating suicide. Anecdotal evidence suggests that some people are reluctant to use crisis support lines or are unaware that these services are able to support people who are experiencing distress but are not completing self-harm or suicide.

There is potential for the development of a resource that provides information about the crisis lines available and the support they can provide to individuals who call them that service providers can provide to people who are waiting for their services.

**Mental Health Community Support Services (State funded)**

The state funded Mental Health Community Support Service (MHCSS) was reformed in 2014 and has been operating for over 18 months.

The MCHSS service provider in the Wimmera and Southern Mallee is Wimmera Uniting Care, however the assessment and referral function is managed separately by Australian Community Support Organisation (ASCO) which is based in Ballarat.

The main concern raised by providers was the waiting times for MCHCSS.

<u>Waiting times</u>

When individuals first contact ASCO their needs and circumstances are assessed and a priority is determined. There are three levels of priority. Individuals who are determined as priority 1 are assessed as having the highest level of need.

In March 2015, the waiting period for those who are determined to have priority 1 status was 3 to 6 months. The waiting period for individuals who are priority 2 or 3 was over 12 months.

The length of the waiting times has been identified as a significant cause of concern for many service providers. Particularly by providers who only have a limited window of time to work with the individual around a specific issue and are aware that the individual's mental health issues are a contributing factor.

An example is housing support which provides case management support to individuals for up to 12 weeks. If the individual's mental health is identified as a contributing factor to the difficulties they have in securing housing and it is not an acute issue, it is unlikely that the individual will get access to MHCSS while they have access to case management support for housing.

This restricts the opportunities for the individual and service providers to work collaboratively to meet their needs.

ASCO does provide interim telephone based support for people who are on the waiting list for MHCSS, but this service does not have the capacity to provide the supports required work actively with the individual and other service providers.

Another concern raised about access and extended waiting periods for MHCSS was the support available for individuals who were transitioning from acute support to psychosocial support. Again there is limited opportunities for collaboration between service providers, each of which have different service parameters and capacities.

Long-term case management

Mental Health Community Support and the Personal Helpers and Mentors Program provide recovery focused support. There is an expectation that individuals who seek this type support are ready for recovery and be willing to actively work towards recovery focused goals**.**

Concerns were raised about the absence of support for individuals with long term mental health issues and significant psychosocial disability who do not have the capacity to identify and actively pursue personal and treatment goals in the short to medium term.

Grampians Partners in Recovery works collaboratively with of services to identify how people who have severe and persistent mental illness who also have complex support needs can be supported in their communities. It is difficult to determine if the concerns about people with long term support needs are due to a lack of awareness about Grampians Partners or other issues that might restrict access to this service (eg. challenges associated with obtaining the client's consent).

The introduction of the NDIS across the Wimmera and Southern Mallee will have implications for the provision of Mental Health Community Support and the Personal Helpers and Mentors Program services. People who have a severe and persistent mental illness who are eligible for an individualised funding package are anticipated to be able to include case management/coordination support.

**Transitions & Change**

Service providers are very aware of that there are significant changes taking place across the sector that will change the way services are funded and delivered.

The two major reforms that have implications for mental health services across the Wimmera and Southern Mallee are the:

- Commonwealth Government Mental Health Reforms, and the
- Roll out of the National Disability Scheme (NDIS) individual funding packages.

The roll out of the NDIS is scheduled to begin on 1 July 2016. The roll out in the Central Highlands (including Ararat Rural City) begins in 1 January 2017 while it will start in the Wimmera and Southern Mallee in October 2017.

There is a lot of uncertainty associated with these transitions. These uncertainties are in a large part due to the significance of the changes, the timelines and the availability of information about the changes. The departments or agencies who are responsible for implementing the structural and procedure changes are still working on the development and implementation processes meaning that information about the transition is not yet available.

It is that lack of knowledge about changes in the next 1 – 2 years which is the source of the uncertainties.

The mental health reform has begun with the delegation of funding allocation responsibilities to Primary Health Networks (PHN) across Australia. The PHNs will be responsible for commissioning commonwealth mental health funding (including the suicide prevention funds) in their regions. The Wimmera and Southern Mallee is in the Western Victoria PHN which has offices in Geelong, Ballarat, Horsham and Warnambool.

The first commonwealth funded mental health service to be affected by these changes is Counselling Connect and Kids Connect which are currently delivered by Western Victoria PHN. As the commissioning body, Western Victoria PHN is no longer able provide services. This means that the services currently delivered by PHNs will need to be transferred to another agency or individual providers.

In the Wimmera and Southern Mallee the programs that are currently affected by these changes are Counselling Connect and Kids Connect. At present, the programs in the Wimmera and Southern Mallee will continue in the current form until 31 October 2016. The way in which commonwealth funded counselling services will be delivered after that date is not yet know, however PHN will continue to have a role in the gateway/referral processes.

The commonwealth government is also promoting greater use of online and web based programs for people who have low level mental health support needs to increase access to psychological and emotional support. The implications for face to face support is not yet known, however there are a number of papers and webinars available on stepped care and the use of online supports by mental health clinicians.

The other area of uncertainly is access to community mental health support for people with moderate to severe mental illness and psychosocial disability after the introduction of the NDIS across the Wimmera and Southern Mallee in October 2017.

Under NDIS people with a permanent disability will be eligible for an individual funding package (IFP) that will meet the costs of their identified needs. The scheme will include people with a psychosocial disability however there are concerns about how and when a person will be assessed as eligible for an IFP.

The need for a ‘permanent disability’ also has implications for the recovery based models that currently inform the delivery of services and supports. While there is a population of people with severe and persistent mental illnesses who have ongoing psychosocial disabilities and will be eligible for IFP. The availability of supports for people who have episodic conditions or have been recently diagnosed with a serious mental illness and may benefit from community mental health support is unclear.

It has been announced that the commonwealth and Victorian government funds for community mental health services will be transferred to NDIS and allocated to IFPs. The programs that are affected by these decisions are Mental Health Community Support Services (Victorian), Personal Helpers and Mentors (Commonwealth) and Partners in Recovery (Commonwealth).

Support for individuals who are not eligible for IFPs will be provided through Inclusion, Linkages & Capacity (ILC) funded activities.

The National Disability Insurance Agency (NDIA) is still developing the ILC activities which are what has previously been known as second tier supports. The state and territory governments signed an agreement to support the ILC in 2015. The ILC has two broad aims:

1. To provide information, referral and capacity building supports for people with a disability, their families and carers that are not directly tied to a person through IFP
2. To partner with local communities, mainstream and universal services to improve access and inclusion for people with a disability

The activities of the ILC will be delivered across five streams. They are:

- Information, linkages and referrals
- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building
- Local area coordination (LAC)

Each stream will have implications for the availability and access to supports for people with mild disabilities including people mental health issues that do not have access to IFPs. Again the development of the ILC stream are still in the early stages and the types of supports that will be available is not yet known.

This means that it is not yet known how people who have an episodic illness or have only been experience difficulties associated with mental health issues for a short period of time will access the support currently provided by MHCSS and PHaMs.

As previously identified, different providers have different levels of knowledge and understanding so the future forums and discussions about transitions to new services will need to be accessible to a wide audience.

It is hoped that one of the benefits of the Wimmera & Southern Mallee Mental Health Service Directory is that it will serve as a core resource for regional knowledge that new information can be integrated with.

# Opportunities for the Wimmera Southern Mallee Mental Health Provider Network

Stage 2 of this project (July – December 2016) will focus on the development of the Wimmera Southern Mallee Mental Health Provider Network (WSMMHPN). The goal is to work with the service providers and community agencies who have been involved in the first stage of the project to develop a network that will act as a platform for information sharing, professional development and catchment planning across the region in the area of mental health.

The initial tasks will be to invite service providers and agencies to a forum to discuss how the network will operate and begin drafting the network's terms of reference/statement of purpose.

Once the network is established it is anticipated that a regional approach can be taken to explore and develop:

- Consistent use of language and processes that promote the recovery focused model in the development of any promotional, communication or referral strategies/material
- Referral pathways that reflect the current (and evolving) service structure with consideration of gaps in the provision of service (eg. waiting periods)
- Care coordination strategies that ensure that services work together to provide 'wrap around' support to individuals who have ongoing or re-occurring support needs
- Consumer engagement opportunities that can inform local and regional decisions about the provision of mental health services.

The network would also provide a vehicle for the development of links with other providers and community groups who, or have the potential to include people that are recovering from a moderate or severe mental illness.

This could include opportunities to work collaboratively on health promotion or education events. The network could also be a primary contact for new services in the region who are in the process of establishing their presence. Examples include:

- Linkages between service providers and community driven initiatives such as U3A, Men's Sheds, Country Women's Association, Country Fire Authority, Landcare, service organisations and volunteering
- The network could be used to disseminate information regarding new programs and initiatives and provide an opportunity for organizational partnerships and collaborative work

<u>Existing networks – potential forums for the WSMMHPN</u>

There are two existing networks that could be potential forums for the establishment of a Mental Health Provider network. They are:

- The network between clinical mental health, community mental health and alcohol and other drug service providers
- The Mental Health Professional Network which has a broader membership

These options will need to be considered in consultation with the potential network members.

Opportunities to explore

Once established the WSMMHPN has the potential to work together to identify ways to:

- Disseminate information about changes in the funding and provision of mental health services and supports including the NDIS.
- Develop and review of resource materials for providers and consumers across the Wimmera and Southern Mallee, and
- Develop a collaborative approach to consumer engagement to inform regional service development and funding.