Review of severe and complex primary mental health service commissioning

Summary of current state findings and future options

V1: Last updated 26 Nov 2024

Report outline

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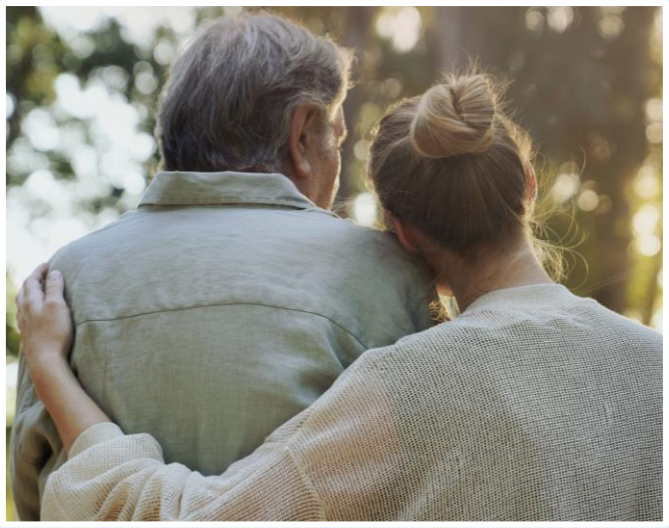

Purpose of the review

- COORDINARE receives funding from the Commonwealth Department of Health and Aged Care to commission primary mental health services for people with severe mental illness who are being supported in primary care.
- COORDINARE is currently progressing a review of its commissioned severe and complex primary mental health services to improve how these services can best meet the needs of people they aim to support.
- The current program model was established in 2017 and is provided by:
    - Shoalhaven Family Medical Centres' ROMHS [Rural Outreach Mental Health Service]
    - Grand Pacific Health's IRS [Integrated Recovery Service]
- Regularly evaluating the effectiveness and suitability of the services that we commission is an important responsibility of COORDINARE towards our purpose of improving the health of communities in South Eastern NSW.
- The information and insights gathered through this review will be considered and used by COORDINARE to inform our approach to future commissioning of these vital services for people in our region.
- COORDINARE is aiming to make decisions and commence any changes required in early 2025 to ensure certainty and continuity for existing clients and workforce involved in these programs.

Approach to the review

Phase 1: Initial insights

Gathering insights from service users and service providers working across the South Eastern NSW region regarding the effectiveness of current service models supporting people experiencing severe and/or complex mental illness.

These insights were obtained from an online survey and focus groups (online and in person), which were structured around four key questions:

- what's working currently
- what could be improve
- what hinders service utilisation (e.g. ease of referral)
- any cohorts missing out on PHN-commissioned services or services more generally

This summary document has been developed following phase 1 and captures the findings and potential options that have emerged from the activities above.

Phase 2: Validation and testing

Follow-up consultation will be held in December 2024 that aims to validate these findings and test potential options with those who have been involved in the review process so far through more targeted activities with identified stakeholder groups (e.g. consumers/carers of existing commissioned services; senior representatives from our LHD partners).

Overview of key findings

Commissioning context: What are PHNs expected to commission relating to severe and complex primary mental health services?

- PHNs receive specific funding to commission high intensity psychological services and clinical care coordination for people with severe mental illness who are supported in primary care.
- Services should be delivered by credentialed mental health nurses, with support from other health professionals able to provide clinical care coordination where MHN shortages exist. Peer workers can also provide advocacy and care coordination support.
- PHNs are also expected to develop youth-specific early intervention models.
- Services should form part of an integrated system, with pathways with acute/community mental health services, psychosocial supports and health services.
- Other PHNs commission these services in a variety of arrangements, including co-located in general practices, community outreach and hub-and-spoke models.

Regional needs: What are the needs and current experiences across the region?

- Service demand reportedly exceeds the capacity of services and availability of workforce in local areas.
- Inadequate support for priority population groups generally, such as older people, young people, First Nations people, people with disabilities and other accessibility issues, dual diagnosis, social complexity.
- Tensions in current model relating to high eligibility threshold, alongside perceptions of programs not accommodating high risk/complexity.
- Variability between the two current models in terms of referral source, location/setting, workforce, and model of care.
- Identified issues with geographic reach and distribution of services across the region currently.
- Face-to-face services need to be more available to support people's needs and preferences.
- System challenges create barriers to connecting people with timely and appropriate support.

Opportunities: What are the opportunities to improve the existing model?

- Overcome barriers to referral by increasing awareness of commissioned services among stakeholders and expanding inward referral sources.
- Improve integration between the commissioned model and level 3 and 5 services to support appropriate stepping up/down of care.
- Address identified issues relating to supporting people with complexity through activities that build workforce/service capability and acceptance of risk.
- Create more efficient and effective reporting processes that optimise time for direct client engagement and prioritise demonstrating outcomes that are meaningful to people with lived experience.

Overview of potential options

Option 1: Continue with existing model with enhancements

Continue with the two existing programs and make enhancements to the design of the program. Enhancements would include more equitable distribution of resourcing and responding to key service needs that have been identified through this review (e.g. awareness, referrals, information sharing, risk tolerance and service exit).

Option 2: Commission a region-wide, community-based outreach model

Develop a network of consortium of suitable organisations to deliver high intensity psychological therapy and clinical care coordination through a predominantly outreach delivery model. Workforce would be situated in suitable community hubs or locations across the region.

Option 3: Commission general practice-based mental health nursing at scale

Extending or replicating the model of clinical care coordination delivered by mental health nurses embedded directly in general practices, where mental health nurses are co-located in the primary care setting and work alongside GPs, psychiatrists and psychosocial support providers as part of a multidisciplinary team.

Option 4: Integrate severe and complex services within existing network of Mental Health Hubs/Centres with outreach into smaller communities

Expanding the scope of services delivered within the emerging network of Mental Health Hubs and Medicare Mental Health Centres in the region to include level 4 services, including clinical care coordination and high intensity psychological therapy for people experiencing severe mental illness.

COORDINARE may consider one or more of these potential options. Each would ideally be supported by system-level improvements relating to service navigation, integration and workforce development.

Next steps

- We are currently engaging with service users and key partner organisations to further explore these findings and options
- You can contribute to the review by sharing your experience and perspective with us via the online form.
- The online form will ask you:
  - How do these findings align with your perspective about the current model and what is needed?
  - For each of the options presented, how suitable would that option be to meet the needs of people with severe and complex mental illness in our region?
  - Are there any other opportunities to strengthen the services commissioned by COORDINARE?
- We will then analyse all feedback received and incorporate this into the development of our commissioning approach for the 2025-26FY
- To stay up to date with this review visit COORDINARE's Co-design and Consultation webpage.