

Victorian Primary Care Partnerships

Submission to the Discussion Paper:
Victoria's next 10-year mental health
strategy

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Purpose

This submission has been prepared in response to the Discussion paper “Victoria’s next 10-year mental health strategy”. Its purpose is to inform the review group of the work undertaken by Primary Care Partnerships in Victoria, and to respond to consultation questions put to the sector to gather information that could result in improved outcomes for people experiencing, or at risk of poor mental health. In preparation for this submission, staff from all 28 PCPs had an opportunity to contribute feedback via e-mail and web based discussion forum.

In the context of the next 10-year mental health strategy, the Discussion paper invites reflection on:

1. What is important to us, and why?
2. What should our strategic vision be?
3. What would it look like to achieve this vision? What would be different?
4. What should we do differently to foster better mental health in Victoria?
5. What will work to deliver better outcomes for individuals, families and the Victorian Community?
6. What is the Victorian Government’s role in the national context of shared responsibility?

This submission will primarily focus on responding to the Discussion paper. It does not focus on the technical papers as we expect that agencies working directly with consumers (many of which are active members of PCPs) are in the best position to do this. However, we do note repeated themes in many of the papers e.g. calls for

- More early intervention/detection
- A move from fragmented and siloed services to integrated care approaches
- “No wrong door”; improved access to, and continuity between services, seamlessness across all health and welfare services,
- Better communication, coordination and collaboration
- Addressing the social determinants of health in at-risk communities
- Well-resourced services and staff

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations. Funded by the Department of Health and Human Services, they work together to find smarter ways to deliver health services, so the health of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system. Over the past 15 years, PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians. PCPs now facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role to enhance the wellbeing of people within our local communities.

There are [28 PCPs](#) around Victoria that connect more than 800 organisations across many different sectors. This includes hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, alcohol and drug treatment services, sports groups, schools, police and many more. These diverse organisations are working together to plan around the needs of the community, to share their skills and expertise, and align their efforts. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learnings, research and information. When it comes to the health needs of the community PCPs also enable more effective integrated planning, and develop the service system through co-ordination and integrated care as well as by making better use of data, evidence-informed interventions and a common planning framework.

PCPs are delivering real results – particularly, better health and social outcomes for community members – at the local level. Indeed, a 2011 [evaluation report¹](#) found that PCPs have:

- Improved integrated planning
- Improved service co-ordination
- Increased organisational capacity and learning for health promotion
- Delivered economic benefits and resource efficiencies
- Contributed to healthier communities

A number of individual PCPs are also making submissions in response to the Discussion paper. Victorian Primary Care Partnerships view these submissions as complementary to each other and commend them to the government. Each of the 28 PCPs in Victoria has different members, communities and experiences of the mental health service system. Our collective wisdom in this area is substantial.

¹ Department of Health (2011) Primary Care Partnerships: Achievements 2000-2010

What matters to us and why?

The strategy goal for PCPs is strengthen collaboration and integration across sectors by 2017, in order to:

- maximise health and wellbeing outcomes
- promote health equity
- avoid unnecessary hospital presentations and admissions.

It is a requirement that PCP action over 2013–17 is shaped by the following seven guiding principles:

1. Tackling health inequities
2. Person and family centred
3. Evidence-based and evidence-informed decision making and action
4. Cross-sector partnerships
5. Accountable governance
6. Wellness focus
7. Sustainability (including optimal use of technology)

The PCP program logic for 2013–17 has three integral domains:

1. Early intervention and integrated care
2. Consumer and community empowerment
3. Prevention

It is expected that PCPs apply comparatively equal action across all domains.

These domains are supported by six enablers:

- Governance
- Partnerships
- Workforce
- Consumer and community engagement
- E-health
- Continuous quality improvement

Within local PCPs, all work is underpinned by core service coordination principles as outlined in the Victorian Service Coordination Practice Manual²:

- Central focus on consumers
- Partnerships and collaboration
- The social model of health and the social model of disability
- Competent staff
- Duty of care
- Protection of consumer information
- Engagement with a broad range of service sectors
- Consistency in practice standards

In response to questions from the Discussion paper regarding the proposed guiding principles and outcomes, the PCP we draw attention to the PCP Program Logic 2013-17 (Appendix 1) which articulates a shared commitment to build health and resilient communities.

² Victorian Service Coordination Practice Manual 2012,
http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf

What should the strategic vision be?

PCPs strive for communities where all people are able to reach their health and wellbeing potential. Accordingly we support the 10-year mental health strategic vision of all Victorians have the opportunity and right to experience their best mental health. PCP work is underpinned by the knowledge that maximising the health of Victorians requires consolidated action targeting statewide priorities. This strengthens the primary health system as well as empowering individuals to live a healthy lifestyle.

What would it look like to achieve this vision? What would be different?

From a primary care perspective this vision would be achieved through

1. Early intervention and integrated care
2. Consumer and community empowerment, and
3. Prevention

The difference would be

- More meaningful involvement of consumers and carers in the development and evaluation of services
- More resources being used in the prevention space for longer periods of time with evaluation being used to understand what does work. This includes action that reduces stigma and builds greater community understanding and mental health literacy
- More focus on community connections as mental health promotion
- Timely access to appropriate services; right care-right time-right place.
- Shared decision making
- Effective care coordination; collaborative relationships between clinicians and consumers working together to create and implement consumer centred shared care plans.
- Better shared care planning that involves all services that interact with the client
- Effective case conferences
- The ability to communicate efficiently and effectively via secure and reliable technologies.
- Willingness and trust to share information; respecting confidentiality
- Time allocation to follow through on activities,
- Greater use of community based services that are linked to other key services that are crucial for wellness
- Staff trained and connected to local service systems to support timely and effective assessment and communication
- Resources that would enable follow through on activities and ideas generated by partnerships.
- Cross-sector working relationships that support staff working outside their perceived expertise or “comfort zone”.
- Stronger focus on integrated recovery models that create independence and strength. These models would be tailored for different age, demographic, settings and based on evidence based practice or assist in building the evidence base.

PCPs have adopted a number of key strategies and accountability indicators in relation to this vision. A number of these are listed below:

Strategies

1. Work with member organisations and Medicare Locals (now PHNs) to strengthen integration and communication practices among providers (including between state-funded and private providers) to facilitate consumer transitions between services and reduce the need for consumers to retell their stories.
2. Facilitate advancement of *Victorian service coordination practice manual 2012* implementation to broader health and wellbeing agencies
3. Work with member organisations to identify and address access barriers, particularly for the identified local priority group
4. Develop and implement local agreements for care planning, care coordination and case conferencing to ensure systemic care planning (including e-care planning) within and across organisations
5. Facilitate implementation of local agreements and systematic interagency care pathways for defined consumer cohorts using evidence-based guidelines
6. Facilitate development and implementation of a robust identification and recall system for people with complex and multiple needs for review and quality control
7. Facilitate continued system improvements for early identification and intervention for priority target groups
8. Continue to strengthen e-health initiatives

What should we do differently to foster better mental health in Victoria?

Better coordinated and integrated care, and ensuring continuity and quality between services, and across other service sectors was identified in many technical reports. In Victoria over the past 15 years there has been significant work to improve service system response for people with chronic or complex health conditions (including mental health). Much of this work in Service Coordination has been led by Victorian Primary Care Partnerships. While there is still much work to do in these areas, PCPs provide an existing platform from which to deliver integrated care programs and improve systems, processes and partnerships to achieve better outcomes.

Service coordination benefits include:

- Improved access to assessment and coordinated shared care/case planning clarity regarding who is involved in service provision and what their responsibilities are to meet the consumer's goals
- Reduced duplication of assessments and services as well as identification of service gaps
- Documented practice standards for the elements of service coordination including; initial contact, initial needs identification and shared care/case planning, providing a common language between services
- Improved consistency and quality of consumer information through the use of common tools such as **the Service Coordination Tool Templates which**

have increased efficiency by combining over 300 different versions of templates.

Other innovative work undertaken by PCPs that should be considered for further development include:

- **Promoting physical health**

[Physical Health Matters Too](#), Physical Health Matters Too represents an integrated approach to addressing the physical health needs of people with a serious mental illness. Across the North East and Hume Whittlesea Primary Care Partnerships, a number of mental health agencies, have now introduced physical health screening, as a way of assisting and empowering clients to take some control over their health. Workers will now ask clients a series of questions to help them think about different areas of their health and if further follow up and advice is required a referral can be made to a local service such as a GP or community health service. For more information see Appendix 2.

- **Supporting young people**

[Access and Service Coordination Project: Working better together and breaking down service barriers for young people](#). The Access and Service Coordination Project (AASCP) is providing the young people of Wyndham and Hobsons Bay, their parents and/or other adults and the professionals they work with, with online Youth Service Directories (<http://youth.wyndham.vic.gov.au/ysd> <http://hobsonsbayouthdirectory.com>) that guide them to the most appropriate service for the young person, including information about how to access these services. The project has also developed a community communication strategy which has led to promotion of the Youth service Directories in over 45,000 homes, 16 schools, 12 community organisations, 4 police stations, 4 libraries, 12 medical clinics and 6 community centres in the Wyndham and Hobsons Bay areas. Additionally, the collaboratively developed Initial Needs Identification (INI) tool has also been trialled in 37 multi sectorial agencies in Wyndham and Hobsons Bay who are working with young people. The INI was based on the Victorian Department of Health Service Coordination Initial Needs Identification tool templates. The Youth Directories are crucial for the successful implementation of the INI.

- **Developing a capable and supported workforce**

[The Western Intake Network Group \(WING\)](#) provides a forum for Intake and Access Support Workers from health and other related services in the western metropolitan region to network, learn, share and deliver quality improvement strategies together in a spirit of collaboration and respect., This network is a natural initiative from the HealthWest previous strategic plan: 'Healthy Communities Healthy Lives Framework' which was based on the Expanded Chronic Care Model. The meetings are coordinated and facilitated by the WING Leadership Group, with the support of HealthWest.

[TooHard Basket](#) – the sensitive issues webpage. The Inner East PCP developed a first-port-of-call resource for practitioners confronted with sensitive issues. This is in

the form of a webpage with links to text or URLs where they can find a concise guide on how to handle delicate situations. This resource was developed as a by-product of thinking about how to implement the 2012 SCTT Single Page Screener as it was found that many practitioners felt uncertain about handling issues beyond their usual area of expertise.

Communities of practice: delivering greater integration of services and dissemination of knowledge and practice, by bringing together those workers who may not usually collaborate share self-management practices and innovations, network, collaborate and share relevant service information.

What will work to deliver better outcomes for individuals, families and the Victorian community?

The most critical element to improving outcomes lies in the meaningful inclusion of consumers, family and communities in decision making (*Developing Pathways: using patient and carer experiences* <https://www.networks.nhs.uk/nhs-networks/smart-guides>) People who are well-informed and well-supported are more likely to make healthy lifestyle choices; they tend to adhere better to medication regimes, they make informed and personally relevant decision about their treatment and they use less health care. Empowering consumers may be the most effective way to manage demand, as well as being an essential component of mental health care. This must be a key priority for improving the care of people with mental health conditions. Health practitioners have limited potential to impact on health outcomes given the tiny percentage of time they have with consumers relative to all other activities that person undertakes in their life. Failure to engage, include and empower people in decision making will ultimately prove most costly and less effective than when consumers are more active in this way.

What is the Victorian Government's role in the national context of shared responsibility?

In our consultation process, some PCPs identified that mental health services did not use secure electronic messaging and “know nothing about it”.

E-health as a domain is now moving beyond secure messaging into the complex area of shared care planning. Being able to access, contribute and use ‘live’ documents in partnership with consumers and service providers is something we need to strive for, and requires greater support (and pressure) from the Victorian Government.

Care coordination is greatly enhanced where there are high levels of IT connectivity which comply with the National E-Health Transition Authority (NEHTA) Standards. There are a number of electronic client management systems that enable better connectivity for supporting services. S2S and Connecting Care are the ones that are used by the majority of PCP member agencies in Victoria. S2S and Connecting Care enable secure messaging between agencies. s2s also has the capacity to have an interactive shared support plan between agencies supporting a consumer. PCPs are well placed to assist local health providers to become more e-referral literate and recommend.

Addressing co-morbidity as part of promoting good mental health

PCPs commend the Victorian Government for the priority it is placing on preventing family violence. We note that experience of discrimination and violence is a key determinant of mental health outcomes. Vulnerable children and families are rightly a priority for action in this area.

We encourage the government to invest similar energy in addressing other co-morbidities, including homelessness and alcohol and drug use which are noted in technical papers.

Much less attention seems to be paid to the comorbidity relating to mental health and problem gambling. PCPs draw the government's attention to the relationship between problem gambling and mental illness, highlighting particularly the role of problem gambling has in suicide, depression, relationship breakdown, job loss, bankruptcy and crime (Productivity Commission, 2010, p. 16.). Research has identified:

- An Alfred Hospital research project found close to 1 in 5 suicide presentations were related to problem gambling (Problem gambling in people presenting to a public mental health service October 2011
http://www.responsiblegambling.vic.gov.au/data/assets/pdf_file/0010/4033/Gambling-in-people-presenting-public-mental-health-service.pdf)
- Problem gambling in people with acute mental health issues was found to be four times that of the general population
- Over one-third of people with gambling problems report being the victims of physical IPV (38%) or the perpetrators of physical IPV (37%),
- Over half of people with gambling problems (56%) report perpetrating physical violence against their children. (Gambling and Family Violence Factsheet 2015
http://www.whin.org.au/images/PDFs/Increasing_the_Odds/WHIN_FV_PG_8ppA4_Factsheet_v6_PR_NoCrops.pdf)

Problem gambling is not an intractable problem. Concerted, evidence based, public health efforts in this area would be likely to yield similar results to Victorian successes in tobacco control and road safety and would have very real benefits in improving the mental health outcomes, not only of gamblers but also others harmed by gambling, including family, friends and colleagues.

Recommendations

- 1. Implement the Service Coordination framework across all funded health agencies and resolve issues with connectivity to ensure secure and efficient practice in relation to all aspects of service coordination:**
 - The Department of Health and Human Services should ensure that all future upgrades to referral processes (such as the SCTT tools) are included in software products and that interoperability exists between secure messaging platforms. Furthermore, future developments should occur in consultation with vendor providers' development teams to enable implementation of the upgrades in a timely manner.
 - Continue to support the ongoing development of platforms to enable interoperability of CMS in future developments that align with NEHTA standards.

- 2. Ensure a well trained and competent workforce**
 - Implement minimum compulsory training standards for all existing staff in privacy and confidentiality and the transfer of client information. This should include information about secure messaging.
 - Advocate for Service Co-ordination to be included within the curriculum at university to all medical, health and social students (including care planning, care coordination and case conferencing) with some detail about the secure messaging, privacy and systems.

- 3. Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to service coordination**
 - Resource and strengthen existing partnerships and platforms. New initiatives should not be introduced independently of existing structures, as it can be counterproductive to create new partnerships, governance structures and organisations.
 - Consider promoting and enhancing co-location arrangements so that more workers from different disciplines can be seen from one location thereby decreasing the need for consumers to juggle multiple appointments in different locations.

- 4. Address health equity and the determinants of mental health**
 - Social and economic disadvantage is the greatest driver of poor mental health outcomes. Attention should particularly be paid to people experiencing disadvantage as a result of homelessness, violence and discrimination, unemployment and isolation - particularly where exacerbated by rural / regional location.
 - Vulnerable children and families should remain a key focus.

- 5. Actively pursue greater levels of community and consumer empowerment and participation in the planning, implantation and deliver of mental health services**
 - Empowering community members to participate in planning processes is supported by a growing body of evidence about the health and well being benefits of consumer and community empowerment and participation.

Appendix 1 – Primary Care Partnership Program Logic 2013-17



Appendix 2 – Physical Health Matters Too

See separately attached PDF.

For further information...

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