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WESTERN SYDNEY
An Australian Government Initiative

WentWest, the Western Sydney Primary Health Network

Mental Health and Suicide Prevention Initial Commissioning Activities: 2016-2018

WentWest
Progressing Health Now

DECEMBER 2016

Introduction

The Western Sydney Primary Health Network (WentWest) is developing a strategic vision for mental health for the western Sydney region. This will be set out in both short term and longer term plans to regionally commission services that will build capacity and strengthen mental health and suicide prevention service activities across western Sydney.

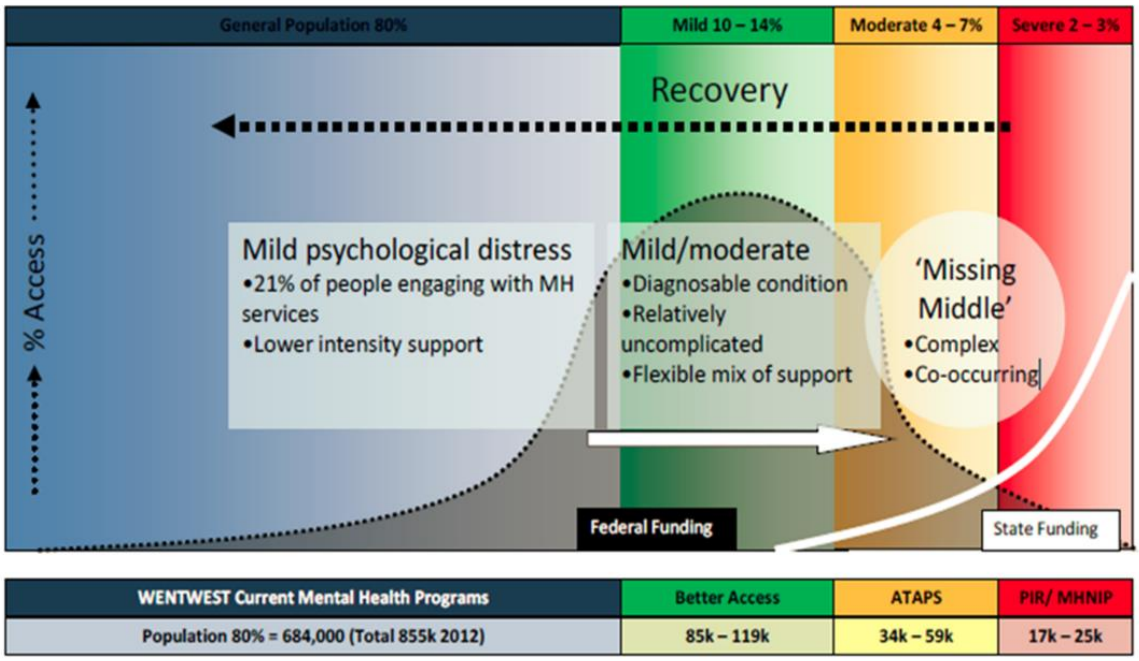
As a result of this vision WentWest will produce two documents:

1. Short term – Mental Health and Suicide Prevention Initial Commissioning Activities 2016 – 2018 (this paper)
2. Longer term – Mental Health and Suicide Prevention Regional Strategic Plan for Western Sydney 2017 – 2021 (To be published early 2017)

This commissioning activities document describes the services and activities that WentWest will commission from early 2017 to build the foundations to enable WentWest to realise its broader strategic vision and support the collaborative commissioning and transformation of mental health and suicide prevention services across western Sydney. WentWest's commissioning approach will also continue to support the building of system capacity across the region and its providers.

WentWest has been delivering mental health services for the past 9 years under the previous ATAPS program. They have also expanded the range of mental health services by successfully incorporating additional programs such as Partners in Recovery (PIR) and the Mental Health Nurse Incentive Program (MHNIP).

PHNs have been tasked with developing and commissioning evidence-based primary mental health and suicide prevention services that address the region's identified needs and service gaps, reduce duplication, remove inefficiencies and encourage integration. These services will be commissioned in line with a best practice person-centred stepped care approach. WentWest's commissioning intentions for 2016-18 will address these requirements and leverage the extensive and experienced mental health workforce and services WentWest has previously developed in the region. This includes general practice, NGO and community managed organisations, private providers and clinical and support services.



The diagram above illustrates the need for more effective use of resources in western Sydney to achieve the mental health outcomes needed for this region. Looking across the continuum of Commonwealth to State funded services there are rising rates for people with mild/moderate mental illness but very low levels of access to services for what we term the 'missing middle'.

These are the vulnerable populations with combinations of moderate mental illness and complexity; drug and alcohol, comorbid physical conditions and social issues. ATAPS provides some level of support for this population but is a relatively small funding pool. Hence, this is one of the priority areas for our commissioned activities to address.

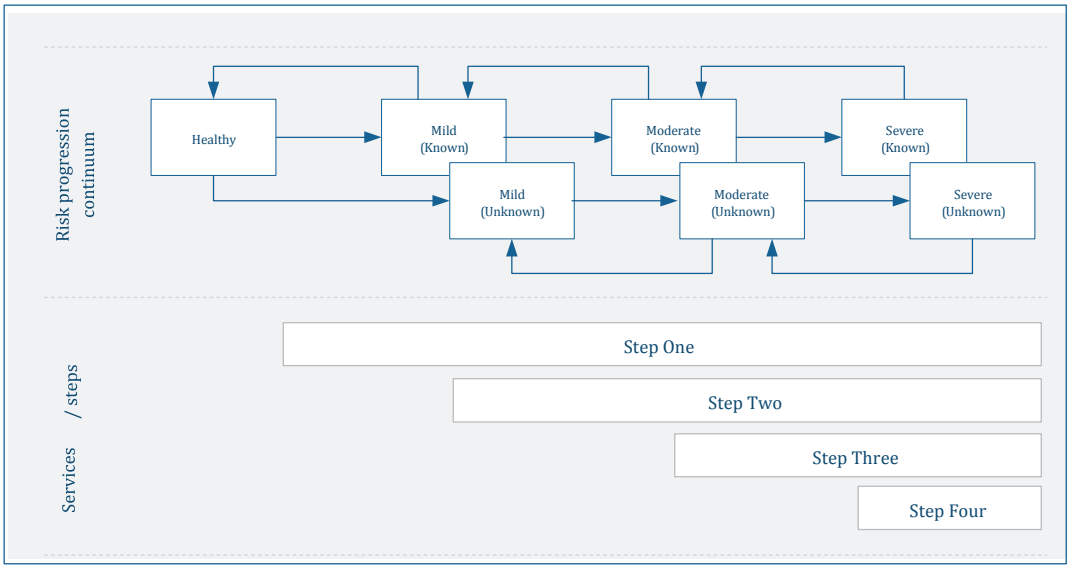
Additionally, WentWest will commission low intensity services to support people who are experiencing very mild levels of distress. This will support a stepped care model of service alleviating some of the more complex and face to face service for people with higher needs.

The commissioning intentions have been developed in line with our strategic vision to apply a systems approach to the development of services and enables us, together with our system partners, to achieve the 'Quadruple Aim' of simultaneous achievement of:

- Improved population health outcomes
- Improved user experience of care and support
- Efficient use of resources, and
- Development of a sustainable and viable provider workforce.

The commissioning intentions will address the range of need across the life course continuum based on a risk progression from a healthy and well population through progressive states of distress or disorder to manifest mental illness and its complications. This life-course continuum enables us to address all eight key priorities of the Department in a unified way:

- Low intensity mental health services
- Children and young people
- Rural and remote areas and other under-serviced and/or hard to reach populations
- Severe and complex mental illness
- Suicide prevention
- Aboriginal and Torres Strait Islander mental health
- Regional Planning
- Stepped Care service model



2. Commissioning Activities 2016-2018

Commencing in 2016/17 financial year, WentWest will formalise a number of commissioning projects to develop a suite of services and activities that will strengthen primary mental health care and suicide prevention for Western Sydney.

In essence WentWest aims to develop a seamless process for consumers and carers to navigate the mental health system and receive quality mental health services at the right time and according to their needs. The commissioning approach will strengthen existing primary health services that are providing quality care and outcomes for consumers, and importantly WentWest will expand the range of services across key priority areas to compliment the stepped care model and contribute towards a new system of mental health care for the region.

The table below summarises the proposed services that WentWest will develop and / or commission commencing early 2017 and that will continue through to 2018. Our aim is that this work will build the platform on which to continue to implement our longer term strategic vision for our region with our partners and stakeholders.

Number	Priority Area	Commissioned Service 2016	Proposed Activity 2016-2018	Future Services to Research
1	Low intensity mental health services		• Telephone Helpline Support, 'On the Line' • Navigation planning tool, 'No Wrong Door' • Online Support and Health Coaching • Western Sydney Recovery College	
2	Children and young people	• headspace and headspace Youth Early Psychosis Program (HYEPP)		• Look at recommendation from National Mental Health Review for the development of CHILDSPACES (headspace type services for children)
3	Rural and remote areas and other under-serviced and/or hard to reach populations	• Primary Mental Health Care services (previously known as ATAPS program)		• Expand service delivery to specific target groups such as LGBTIQ, migrants, refugees and elderly
4	Severe and complex mental illness	• Mental Health Nurse Incentive Program	• Hospital to Home program • General Practice Support and Capability Building –	• Mental Health Nurse Credentialing

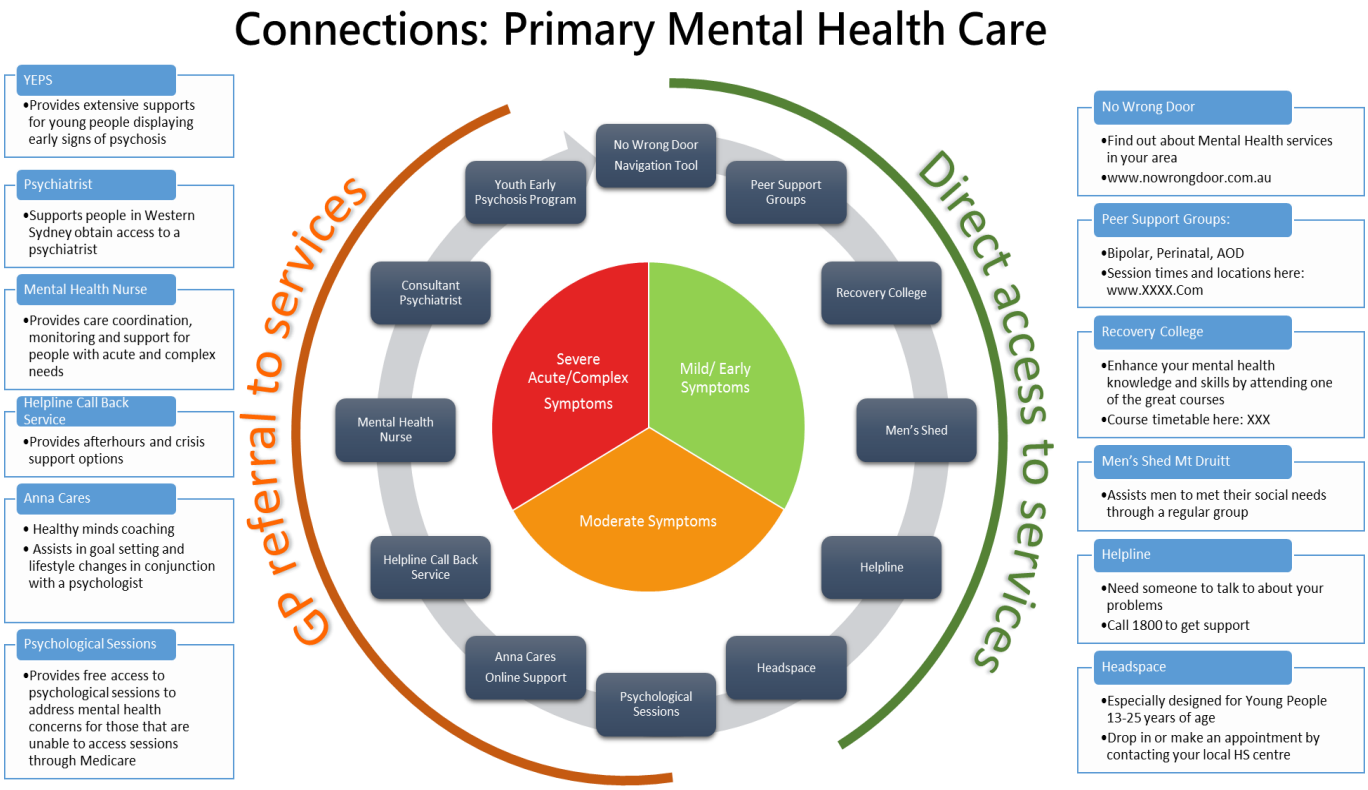
			Psychiatrist Liaison Model	
5	Suicide Prevention	• Men's Shed	• After Hours Services for Mental Health • Helpline Service	• Lifespan Model for Suicide Prevention
6	Aboriginal and Torres Strait Islander mental health	• The Australian Indigenous Psychologists (AIPA)	Investigate and consider best options for: • Aboriginal & Torres Strait Islander Mental Health First Aid (MHFA) and ASIST (Suicide Prevention) Training • Cert 4 Peer Work (MHCC)	• Develop Aboriginal and Torres Strait Islander health leader's network groups to assist with ongoing planning and development of services in the region. Work in progress with western Sydney Aboriginal Health service

	Platform Building and Infrastructure Support			
7	Regional Planning		• Ongoing consultation with stakeholders / community • Development of a consistent reporting framework and data set, • Utilising geo-mapping tool and Mental Health Atlas to support regional planning and identify service gaps	• Regional Mental Health Expenditure Review • Reporting and performance measures based on consistent MDS data sets and frequent collection and review of data

8	Stepped Model of Care		• Centralised Referral and Triage System • Development of a single referral form for the Stepped Care model (from all Primary Health referring agents)	• Ongoing research to support effective implementation of stepped care model

The illustration below shows the proposed activities and how these will support addressing the continuum of mild to moderate to severe mental health needs in primary care. In addition to existing legacy programs and services, e.g. headspace, a number of new activities are proposed to address identified service gaps and build infrastructure and support for the longer term. These activities focus on enhancing the support available from our general practice teams and provide general practice with enable them to access adjunct services for their populations.

This supports WentWest's strategy of keeping general practice at the centre of consumer support and care. We will work with all our providers to build a system of care that provides as seamless transition as possible for consumers between providers and services.



2.1 Brief Description of Proposed New Activities 2016- 2018

Activities	Description
Helpline	A professional telephone counselling and support service, 'On the Line', available 24/7 as an effective low intensity service which incorporates direct telephone support, real-time counselling, call back services. Additionally, this service will allow for direct liaison with WentWest as well as the mental health professional and providers for WentWest, should the caller/ consumer disclose, or be identified as needing, face to face services.
Consumer Navigation Planning Tool (No Wrong Door	Assist people with mental health experience and their families and carers to navigate information relevant to their current mental health concerns as well as provide information regarding service delivery, service types and professional within the region. This will assist people in their choice of services and be better informed about the services they may require. This will be a 24-hour online app that will support primary mental health care services within the region.
Online Support and Health Coaching (Anna Cares):	Assist people via an online health coach, 'Anna Cares', an interactive health coaching app that allows consumers to monitor and assist with their recovery as well as self-care. This app informs and supports the work of the face to face professional (psychologist) as the service is prescribed to the consumer, which provides feedback to the consumer registered with Anna Cares, and to the prescribing agent and WentWest. The technology creates an ongoing support tool for consumers after treatment is completed. This service will help patients with day-to-day activities and supports them to maintain independence.
Western Sydney Recovery College:	Peer worker led self-management groups delivered within primary care settings. The Recovery College provides a person centred model for individuals, carer's and families living with a mental illness as well as the opportunity for personal growth and education through the programs. These courses are unique as they are delivered by Peer Facilitators who have lived experience with their own mental illness, further strengthening the journey of recovery. Courses are co-produced by clinicians jointly with people with lived experience which encourages the development of increased individual and system wide understanding of the experience of mental illness, recovery and maintaining recovery.
Hospital to Home program:	Support for mental health consumers during hospital admission and the 6 to 8-week period after discharge - a time when many consumers are vulnerable and require additional support in order to return to living fulfilling and autonomous lives. Hospital to Home focuses on helping consumers to self-manage their recovery, connect with their social networks and minimise feelings of isolation

General Practice Support and Capability Building – Psychiatrist Liaison Model	An innovative model of integrated mental, physical and behavioural health within primary care supported by comprehensive mental health expertise. It is a co-located primary mental health service provided in GP clinics via a referral process. It is built on provision of a 1.0 FTE Consultant Psychiatry Liaison (CPL), embedded into the western Sydney primary care network and who will facilitate the provision of services to patients with mental health needs through coordination between GP practices and the wider primary care network. Practice teams can access CPL for support, advice and to build capability across the primary care team to support severe and complex care needs. Includes the commissioning of support and capability building for the primary care team that aligns to the Quadruple Aim and builds general practice as the Healthcare Home. The model will be initially implemented across 10 general practices. The model includes core components of: • Mental health services embedded to Primary Care with alignment to the Healthcare Home model • Working in a team-based model of care in the practice • Using and supporting electronic shared care plan (LinkedEHR) to deliver services • WentWest will assist and coordinate referral to the Psychiatrist as a regional service (in addition to practice based referrals) In addition, it is essential the model is supported by other providers such as mental health nurses, counsellors, social workers, peer worker and addiction specialists to be liaison-collaborators.
Mental Health Nurse Credentialing	To be developed in 2017. This approach supports the credentialing of nurses in primary care to provide services that support increased provision of services in general practices, for example metabolic screening, medication management and monitoring such as that required for Clozapine administration. Development of the primary care workforce via activities that support and enhance the role of practice nurses is essential to enable new and extended models of care in general practice.
After Hours Services for Mental Health	Address service availability gaps and consumer health literacy, seeking to improve and support appropriate utilisation of available western Sydney after hours primary care services and ultimately reduce low acuity and unnecessary Emergency Department presentations. Provision of incentives for primary care service's to be opened extended hours and develop an afterhours network.
Helpline Suicide Call-back Service:	24-hour service that provides telephone and online counselling to people 15 years and over who are suicidal, caring for someone who is suicidal, bereaved by suicide or a health professionals supporting people affected by suicide. Provides immediate telephone counselling and support in a crisis and can provide up to six further telephone counselling sessions with the same counsellor scheduled at times best suited to client's needs.

Lifespan Model for Suicide Prevention	**C**o-design suicide prevention services based on the evidence-based components of the Black Dog LifeSpan model, with a focus on 3-4 components of this model.
Aboriginal & Torres Strait Islander Mental Health First Aid (MHFA) and ASIST (Applied Suicide Intervention Skills Training):	Evidence-based training for mental health first aid and suicide prevention that aims to support people on their journey of recovery and for those involved in their care through educational sessions.
Cert 4 Peer Work (MHCC):	Training for Peer Workers via The Recovery College who can support the Aboriginal & Torres Strait Islander community via ATSI Certificate 4 peer workforce modules. This qualification is specific to workers who have lived experience of mental health problems as either a consumer or carer and who work in mental health services in roles that support consumer peers or carer peers.

	Platform Building and Infrastructure Support
Regional Mental Health Expenditure	Significant federal expenditure on mental health is via the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Schedule (PBS). To realise the goals and objectives in our regional plan we will need to reorient some of this spend towards supporting a different model of care and activities. This activity will be a detailed review and analysis of MBS and PBS data activity at a practice level (General Practice and Allied Health) for mental health associated expenditure in western Sydney
Centralised Referral and Triage System for primary mental health services:	WentWest will maintain its established centralised intake process for client referral from the primary health sector to community and primary mental health care services. Redesigning the referral form to assist primary care to better engage and refer to a suite of commissioned services. This supports a stepped care model and entry point for a number of services that will streamline the service for both client and provider.

Ongoing research and collaboration to support effective implementation of mental health and suicide prevention strategies within a stepped care model:

- Western Sydney Health Intelligence Unit: support and contribute to the new shared service in the region providing an agreed and expanding range of services, including information production, knowledge management, web-based reporting and capacity building.

The initiative will assist the development, capture and use of knowledge to support decision making to improve the health of the patients enrolled in the Health Care Home (HCH) models of primary care, along with the greater population of Western Sydney. The WSHI Unit will work to support health professionals and system partners to make informed decisions towards better health and social care outcomes by using the evidence base of health. A wide variety of stakeholders will use the WSHI Unit portal to monitor the health status of the community, identify health needs, develop programs to reduce risk, foster policies which promote health, plan and evaluate the provision of healthcare and manage and implement change.

- Suicide Prevention Research Collaboration and Systems Model: support the suicide prevention research collaboration lead by the University of Western Sydney that includes Black Dog Institute, Brain and Mind Institute and our service design partner Synergia Consulting to develop a systems modelling approach to community-based suicide prevention and suicidality attempts. The PHN will act as a local implementation partner for the research collaborative enabling the systems modelling approach to be tested in real life scenarios and enable our commissioning framework to draw on the evidence of effectiveness and impact for suicide prevention. This will address the current fragmented nature of suicide prevention activities and provide a rigorous approach to commissioning of suicide prevention services.

- Stepped Care design and implementation: implement a model across western Sydney that ensures the level of care is targeted to each person's need and can flexibly respond with integrated pathways that facilitate a more joined-up journey through the mental health system of providers. Western Sydney's approach to stepped care will address the 'missing middle' of mental health care – our vulnerable populations with combinations of moderate mental illness and complexity; drug and alcohol, comorbid physical conditions and social issues such as a lack of housing. A single referral form for all mental health PHN led activities will be implemented to assist determining client eligibility for services by WentWest.

- Online Mental Health Atlas – geo-mapping tool: continue to develop and use the western Sydney 'Mental Health Atlas' to enable us understand the functional mix of capacity in the region and compare this to international benchmarks using a standard taxonomy. One of the highlights of this work is that there are substantial functional capacity gaps that are required to shift from an intensely hospital focused, reactive system of care to a more community based, closer to home, planned and integrated mental health system.

3. Alignment to Department of Health Priorities

The planned commissioning activities for 2016-18 will align to the Department's priority areas for Mental Health and Suicide Prevention. These priority areas are based on the objectives of the PHN mental health funding (see Appendix One). Our aim is to align services to the most appropriate priority area but there are overlaps, which complements the implementation of a stepped model of care across the region.

	Mental Health and Suicide Prevention Priority Areas					
Proposed Commissioning Activities = Aligns closely to priority area = Some alignment to priority area = Minimal alignment to priority area	**1. Low intensity mental health services**	**2. Children and young people**	**3. Rural and remote areas, under-serviced and/or hard to reach populations**	**4. Severe and complex mental illness**	**5. Systems based regional approach to suicide prevention**	**6. Aboriginal and Torres Strait Islander mental health**
Telephone Helpline Support						
Consumer Navigation Support tool						
Online Support and Health Coaching						
Western Sydney Recovery College						
Hospital to Home						
General Practice Support and Capability Building						
After Hour Services for Mental Health						
Mental Health Nurse Credentialing						
Helpline Suicide Call-back Service						
LifeSpan Model for Suicide Prevention						
ATSI MHFA and ASIST						
Cert 4 Peer Work						
Stay Strong App						
Regional Mental Health Expenditure						
Centralised Referral and Triage						

4. Appendix One

The objectives of the PHN mental health funding are to:[1]

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- support region-specific, cross sectoral approaches to early intervention **for children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people **in rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and
- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration;
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

SYNERGIA

WentWest would like to acknowledge that this document was completed in partnership with Synergia.

[1] Primary Health Networks Primary Mental Health Care Funding, Department of Health