

# **Issues Paper**

# Access to Mental Health Services in South Coast Gippsland – June 2019

# Background

Gippsland PHN's vision is for a measurably healthier Gippsland. Our objectives include:

- Increased efficiency and effectiveness of medical services and other primary health services.
- Improved coordination of care to ensure patients receive the right care, in the right place, at the right time.
- Improved health outcomes for people with chronic disease and those patients at risk of poor health outcomes.

Gippsland PHN relies on strong evidence and data together with crucial input from primary health professionals and the community to make decisions. We listen to, and work with, communities to make sure funded services meet their expectations.

## **Issue description**

This issues paper relates to local community managed mental health services in South Coast Gippsland.

South Coast Gippsland comprises the Bass Coast and South Gippsland Local Government Areas (LGAs) or Gippsland South West Statistical Area 3 (SA3), with a total population of 61,507 according to the 2016 census data from the Australian Bureau of Statistics (see Table 1 for more details).

Mental health is an identified priority health issue across Gippsland and accessing services for children and young people can be especially challenging.<sup>1</sup> Selected indicators are presented in Table 1 for Bass Coast and South Gippsland LGAs in comparison to Gippsland and Victoria.

# **Policy and context**

The policy context for mental health includes many relevant plans, strategies and current inquiries.

The Fifth National Mental Health and Suicide Prevention Plan

The <u>Fifth National Mental Health and Suicide Prevention Plan 2017-2022</u> (the Fifth Plan) was agreed to by the Council of Australian Governments (COAG) in August 2017 and represents a commitment to work together to achieve integration in planning and service delivery at a regional level. It demands that consumers and carers are central to the way in which services are planned, delivered and evaluated. Eight priority areas are outlined:

- achieving integrated regional planning and service delivery
- effective suicide prevention
- coordinating treatment and supports for people with severe and complex mental illness
- improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- improving the physical health of people living with mental illness and reducing early mortality

<sup>&</sup>lt;sup>1</sup> Gippsland PHN Health Issue Fact Sheet Mental Health; <u>https://www.gphn.org.au/populationhealthplanning/resources-2/</u> DOC/19/7985



- reducing stigma and discrimination
- making safety and quality central to mental health service delivery
- ensuring that the enablers of effective system performance and system improvement are in place.

Primary Health Networks (PHNs) have a joint requirement to develop regional plans for mental health and suicide prevention with Local Health Networks. See below for more details. The regional planning and service provision is to build on an evidence-based stepped care model:



\* Adapted from Australian Government Response to Contributing Lives, Thriving Communities—Review of Mental Health Programmes and Services (November 2015).

\* Estimates of prevalence derived from National Mental Health Service Planning Framework modelling (unpublished).

#### Regional mental health and suicide prevention plan

Mental health service delivery in South Coast Gippsland should be considered in the context of joint regional planning. Governments require Local Hospital Networks (LHNs) and Primary Health Networks (PHNs) to jointly develop and publicly release joint regional mental health and suicide prevention plans by mid-2020 (foundation plan) and mid-2022 (comprehensive plan).

These joint plans will provide a regional platform for addressing many problems which people with lived experience of mental illness or suicide and their carers and families currently face. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care. The key objectives of joint regional mental health and suicide prevention planning are as follows:

- **Objective** 1: Joint regional plans should embed **integration** of mental health and suicide prevention services and pathways for people with or at risk of mental illness or suicide through a whole of system approach.
- **Objective 2**: Joint regional plans should drive and inform **evidence-based service development** to address identified gaps and deliver on regional priorities.

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Joint regional mental health and suicide prevention plans will inform the coordinated commissioning of services across the stepped care spectrum of need for services and across the lifespan. They will also support opportunity for coordinated regional implementation of national priority areas which were agreed through the Fifth Plan. These areas include better coordination of services for people with severe and complex mental illness, a systems-based approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention and improving the physical health of people living with mental illness.

A Memorandum of Understanding and detailed project plan have been jointly developed by Latrobe Regional Hospital and Gippsland PHN. The two organisations have committed to working closely together, and with other rural health services, communities and other stakeholders over the next three years on this strategic health planning development. A key deliverable by December 2019 is the development of a Regional Mental Health Workforce Strategy, supported by the Gippsland Mental Health Alliance.

#### **Productivity Commission Inquiry into Mental Health**

The <u>Productivity Commission Inquiry into Mental Health</u> will examine the effect of mental health on people's ability to participate in and prosper in the community and workplace, and the effects it has more generally on our economy and productivity. It will look at how governments across Australia, employers, professional and community groups in healthcare, education, employment, social services, housing and justice can contribute to improving mental health for people of all ages and cultural backgrounds. The Commission will be consulting widely, including in regional Australia including consumers and carers. A final report to the Federal Government is due 23 May 2020.

#### Victoria's 10-year mental health plan

In November 2015 the government launched <u>Victoria's 10-year mental health plan</u> to guide investment and drive better mental health outcomes for Victorians. More than 1,000 Victorians were involved in development of the plan, including people with a mental illness, their families and carers, service providers, clinicians, workers, experts and community members. The plan focuses on greater efforts in prevention and providing better integrated services and support for the most vulnerable people in the community. The plan also outlines the government's approach to work directly with people with a mental illness, their families and carers to co-produce and improve services.

Major strategies developed under the plan include the Victorian suicide prevention framework 2016-2025, the Mental health workforce strategy, and Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027.

The Royal Commission into Victoria's Mental Health System

<u>The Royal Commission into Victoria's Mental Health System</u> Terms of Reference were finalised with the community's input, and they provide direction for the inquiry and set out expectations regarding the Commission's program of work. The Commission will work to deliver recommendations that improve outcomes for Victorians who experience mental illness. The Royal Commission will deliver an interim report by November 2019 and a final report by October 2020. The Victorian Government has already committed to implementing all recommendations.



The Victorian and Tasmanian PHN Alliance are preparing a joint submission from the six Victorian PHNs to ensure learnings from needs assessments and commissioning of mental health and suicide prevention services are included.

Bass Coast and South Gippsland Municipal Public Health and Wellbeing Plans

<u>Municipal Public Health and Wellbeing Plans</u> are a requirement under the Public Health and Wellbeing Act 2008 and are informed by the <u>Victorian Public Health and Wellbeing Plan 2015 – 2019</u>. Local government work with the community and many partner organisations in the development of Health and Wellbeing Plans and the current plans are developed for the 2017–2021 period. The <u>Bass Coast Shire Council</u> Plan includes Access to mental health services as a key priority. The <u>South Gippsland Shire Council</u> Plan includes Community Wellbeing as a priority and Social Connection (Support residents to be active members of the community) and Mental Wellbeing (Build a healthy and resilient community that promotes emotional wellbeing) as strategies. Many partner organisations support the Municipal Public Health and Wellbeing Plan actions. The South Gippsland Reference Group includes:

- Community Representatives
- Department of Health and Human Services
- Gippsland Primary Health Partnership
- Gippsland Southern Health Service
- Gippsland Women's Health
- Gippsport
- Latrobe Community Health Service
- Salvation Army GippsCare
- South Coast Primary Care Partnership
- South Gippsland Hospital
- South Gippsland Shire Council
- Uniting
- Yooralla

In addition, supporting strategies within local government are developed. At Bass Coast Shire Council these include; Youth Action Plan 2016-20, Disability Action Plan 2016-20, Municipal Emergency Management Plan 2014 and a Municipal Early Years Plan 2016-20.

#### South Coast Gippsland Clinical Services Plan

The three health services in South Coast Gippsland have committed to developing a Clinical Services Plan to provide a 'roadmap' for the future provision of health care services to better meet the health care needs of South Gippsland and Bass Coast catchments. This includes:

- Identifying/delineating roles and relationships for each public health provider.
- Broadly identifying clinical capability to fit in with the state-wide plan.
- Identifying how services can collaborate / be integrated.
- Identifying service need both service mix and volume.
- Identifying practical means of addressing this need, including new approaches to service delivery.
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- An Australian Government Initiative
- Factoring in new and significant changes to State and Federal policy as well as potential changes to Models of Care.
- Ensuring that the services are safe, sustainable, reliable, working within capability and improving self-sufficiency.

#### **Bass Coast Suicide Prevention Trial site**

Suicide prevention is a shared focus of the Victorian Government Department of Health and Human Services and the Primary Health Networks. Twelve Victorian communities have been selected for investment to implement collaborative place-based approaches to suicide prevention over a three-year period. In Gippsland, these communities are Bass Coast and Latrobe City LGAs.

An evidence-based systems approach, Lifespan, is being used to coordinate the integrated intervention approach. This model aims to build a safety net for the community by building capacity to: identify warning signs, have a conversation and support help-seeking. Overview of current, completed or planned activity delivered through this project:

- Training for community members to identify and respond to mental ill health and suicidal crisis
- Promote help-seeking and mental health in schools (training for teachers, families and students in primary and secondary schools)
- Counselling for people bereaved by suicide
- Activities and education to increase LGBTQI inclusion in the community, sporting clubs and general practice
- Training for media to safely report on suicide related stories
- Resource development to promote messages of mental health literacy and encourage help-seeking
- Community co-designed campaigns and awareness raising events

### **Relevant data and information**

#### Quantitative

An overview of available data for South Coast related to mental health is provided in Table 1. Some points to note include:

- The total Bass Coast population was 32,804 in 2016, with an estimated 5,478 people (16.7%) with a current mental illness, ranging from mild to severe. An additional 7,578 people were estimated to be at risk of mental ill health.
- The total South Gippsland population was 28,704 in 2016, with an estimated 4,793 people (16.7%) with a current mental illness, ranging from mild to severe. An additional 6,631 people were estimated to be at risk of mental ill health.
- Around 7% of children were reported to have emotional or behavioural problems when starting school, compared to 4.6% for Victoria.
- One in five adolescents report being bullied, similar to Victoria.
- Between 15% and 20% of adults report high or very high psychological distress, compared to 12.6% for Victoria.



- Access to registered psychologists is challenging with less than half the workforce per population compared to Victoria as a whole.
- Use of GP mental health treatment plans is relatively high while medication use is similar to rates across Victoria.

# Table 1. Selected indicators of mental health in South Coast Gippsland by LGA, compared to Gippsland and Victoria.<sup>2</sup>

Indicator	Bass Coast	South Gippsland	GIPPSLAND	Victoria	Data source	Currency
Population	32,804	28,704	271,261	5,926,625	ABS census	2016
Population 12-25 years (headspace target age group)	3,985	4,047	41,195	1,058,907	ABS census	2016
At risk population (23.1% of the population)	7,578	6,631	62,661	1,369,050	Fifth Plan	2017
Mild mental illness (9% of the total population)	2,952	2,583	24,413	533,396	Fifth Plan	2017
Moderate mental illness (4.6% of the population)	1,509	1,320	12,478	272,625	Fifth Plan	2017
Severe mental illness (3.1% of the population)	1,017	890	8,409	183,725	Fifth Plan	2017
Proportion of the population with most disadvantage <sup>3</sup>	11.5%	1.2%	14.9%	10.0% <sup>3</sup>	ABS census	2016
Children with emotional or behavioural problems at school entry	6.9%	7.8%	7.4%	4.6%	DHHS	2015
Adolescents who report being bullied	18%	20%	22%	18%	DHHS	2013
Persons (18+) with high or very high psychological distress (K10 scale)	15.4%	20.5%	14.3%	12.6%	Victorian Population Health Survey	2014
Mental health treatment plans by GPs, age- standardised rate per 100,000 people	5,7	39*	NA	4,769	Australian Atlas of Healthcare Variation	2013-14
Registered psychologists, FTE per 100,000 population	50	38	50	102	National Health Workforce Dataset	2016
Registered mental health clients per 1,000 population	15.7	13.6	15.1	11.9	DHHS	2014-15
ADHD medicine scripts dispensed for people 17 years and under, age-standardised rate per 100,000 people	13,1	.88*	NA	9,847	Australian Atlas of Healthcare Variation	2016-17
Antidepressant medicines, 17 years and under, age-standardised rate per 100,000 people	6,2	29*	NA	7,789	Australian Atlas of Healthcare Variation	2016-17
Intentional injuries treated in hospital per 1,000 population	3.6	1.9	4.4	3.0	DHHS	2014-15
Mental health overnight hospitalisations, all (per 10,000 people age-standardised)	10	9*	110	102	AIHW	2015-16

\* Data for Gippsland South West SA3 (includes Bass Coast and South Gippsland LGAs)

High compared to Victoria/Australia, top 25% of PHNs/LGAs/SA3s

Low compared to Victoria/Australia, bottom 25% of PHNs/LGAs/SA3s

<sup>&</sup>lt;sup>2</sup> See Gippsland PHN web site for more detail; <u>https://www.gphn.org.au/populationhealthplanning/resources-2/</u>

<sup>&</sup>lt;sup>3</sup> Based on the SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) and converted to the estimated proportion of people who would be among the 10% most disadvantaged in Australia.



The Gippsland PHN needs assessment<sup>4</sup> identified some other relevant data that helps build the bigger picture of mental health in Gippsland:

- According to national data, 12.4% of all GP encounters are mental health related;
  - Depression was the most commonly managed problem (32% of mental health related encounters).
  - Mental health problems were most commonly managed by medication (62%).
- Data from Gippsland general practice show that 21.7% of patients recorded a mental health diagnosis, with depression the most common mental health diagnosis (9.8% of patients).
- Dual diagnosis is common and in Gippsland, 43% of clients accessing State funded alcohol and other drug services were recorded as having a psychiatric diagnosis (Jan-Jun 2017).
- Groups of the population who are more likely to experience poor mental health include:
  - Aboriginal and Torres Strait Islander people; more than 600 people in South Coast Gippsland identify as Aboriginal or Torres Strait Islander
  - People who identify as LGBTQI; 22.6% of Gippsland headspace participants and an estimated 10% of the general population
  - People with insecure housing; 13.6% of Gippsland headspace participants and three of every 100 people in Gippsland accessed a homelessness service in 2017-18
  - Unemployed people 5.5% in Bass Coast and 3.5% in South Gippsland in 2018
  - People with high or very high social isolation; estimated to be 10% in Bass Coast and 22% on South Gippsland

#### Qualitative

The Gippsland PHN needs assessment<sup>5</sup> identified some further insights that contribute to the bigger picture of mental health in Gippsland:

- Mental health was rated as the most important health issue by the community across Gippsland.
- Primary care providers are very important in managing mental health and AOD diagnoses, especially GPs.

"Some GPs are excellent, but if a person with a psychiatric illness goes to a GP who has predetermined ideas about mental health and who just doesn't get it, they're going to cause more harm..."

"A lot of the doctors don't know where to send people to..."

- Coordination of services needs improvement to ensure individuals receive the care they need when ready to address their issues, regardless of where they present.
- There is a lack of service provision scope by service providers leading to inappropriate referrals and service utilisation.
- Difficulties in recruiting and retaining skilled and qualified mental health staff is an issue across Gippsland, but especially in the more remote areas.

<sup>&</sup>lt;sup>4</sup> Gippsland PHN current needs assessment; <u>https://www.gphn.org.au/populationhealthplanning/assessment/</u>

<sup>&</sup>lt;sup>5</sup> Gippsland PHN current needs assessment; <u>https://www.gphn.org.au/populationhealthplanning/assessment/</u>



- It is helpful to co-locate psychological services in locations such as community houses, schools and medical centres to improve access.
- There is a need for social work support including for administration around NDIS applications.
- Use of technology (for example telehealth and online resource tools) could increase efficacy of mental health and suicide prevention services.
- A key barrier to access mental health services was long waiting lists to access affordable services;

"...end up stuck on waiting lists, often more than 6 months, but what choice do you have when private health care is so expensive."

• Challenges reported by consumers and carers of mental health and AOD services in Gippsland:

"Frontline services, especially GPs have inadequate knowledge of referral pathways and available services"

"Fragmentation of services and lack of step-up / step-down support"

"The size of the area creating issues with travel times"

- "A general lack of resources for mental health and AOD services"
- Suggestions by consumers and carers of mental health and AOD services in Gippsland:

"Support for peer workers as part of the service system"

"A living database (web page / phone app) with service information for a region as a central point of information for both consumers and providers, especially GPs."

"Continued community consultation to gain insights and to build on the momentum; strong community support in Gippsland was noted"

- The farming community can be vulnerable to mental health issues due to drought and other pressures. A survey of Gippsland Dairy Expo attendees revealed that 16% had experienced mental health issues (themselves or a family member) in the previous 12 months. Of these 25% were dissatisfied with the support they received, most reporting that they would have liked more support.
- Research into the Youth Access Clinics in South Gippsland and Bass Coast identified barriers and enablers for a successful service. It found that the input and continued support of the community is important. Barriers included; limited transport options, non-youth friendly spaces, limited funding and workforce issues, including limited access to doctors and counsellors, and staff recruitment and retention issues. Enablers included social proximity, community support, bulk-billing drop in services, multi--skilled youth friendly staff and on-going funding.<sup>6</sup>
- Insufficient mental health services and support for people over 65 has been identified, including in the Aged Care Residential setting.

<sup>&</sup>lt;sup>6</sup> Orygen (2018). *Youth Access Clinics: The development of youth services in a rural setting*. Research report commissioned by Gippsland PHN; https://www.gphn.org.au/wp-content/uploads/2018/11/Research-Project-Youth-Access-Clinics-The-development-of-youth-services-in-a-ruralsetting.pdf



# **Gippsland PHN investments and activities**

In 2018/19, the Commonwealth funded Gippsland PHN approximately \$6 million to invest in regional **Primary Mental Health Care**; approximately \$1.5 million specifically for South Coast Gippsland. This comprises services delivered within a stepped care model via Bass Coast Health, South Gippsland Hospital, Foster Medical Centre, Uniting Gippsland, Outcome Health and Relationships Australia Victoria. Primary Mental Health Care is Commonwealth funding covering six priorities:

- 1. low intensity services,
- 2. children and youth,
- 3. psychological services for underserviced groups,
- 4. severe and complex mental illness,
- 5. suicide prevention, and
- 6. Aboriginal and Torres Strait Islander mental health.

Details regarding accessing funded services can be found on the Gippsland PHN website (see Appendix I).<sup>7</sup> Providers in South Coast Gippsland are described in more detail here.

#### Bass Coast Health, Uniting Gippsland and South Gippsland Hospital

These providers deliver services under Primary Mental Health Care funding, with a focus on Psychological Therapies for Underserviced Groups (Psychological Therapies). The Psychological Therapies program provides evidence-based, short term psychological intervention to people with a diagnosable mild, moderate or in some cases severe mental illness, or to people who have attempted, or are at risk of, suicide or self-harm, where access to other services is not appropriate.

#### Foster Medical Centre

Foster Medical Centre deliver services under Primary Mental Health Care funding, with a focus on Severe and Complex Mental Illness (Outcome Health provider). These services provide access to clinical care coordination by a mental health nurse within the general practice setting over a longer term as an individual's needs require.

Foster Medical Centre is also piloting a model of care to support and manage residents in aged care settings to increase access to psychiatry services and improve their mental health outcomes and experiences. The objectives for the pilot are to:

- Target residents with a diagnosed mental illness or who are assessed as at risk of mental illness if they do not receive services
- Create a therapeutic community inclusive of psychosocial adaptive interventions to maintain mental wellness during pre-admission and early post-admission into Prom Country Aged Care
- Identify components for system level change within residential aged care facilities supportive of a positive transition experience

<sup>&</sup>lt;sup>7</sup> Gippsland PHN Primary Mental Health Care; <u>https://www.gphn.org.au/programs/primary-mental-health-care/</u>



#### headspace South Gippsland/Bass Coast

The headspace centre recently established in Wonthaggi (Bass Coast) services the catchments of Bass Coast and South Gippsland, lead agency Relationships Australia Victoria. The service is provided via a centre and outpost model, incorporating the existing **youth clinics** and services a youth population of 8,032. Establishment and delivery of headspace services requires close partnership between PHNs, headspace National and the headspace service lead agencies. License arrangements and headspace service model integrity must be in place, supported by a consortia of local service providers and youth advisory groups. A variety of service modalities including phone counselling, social engagement groups, online and telehealth services are delivered. No formal boundaries exist for the acceptance of referrals, if headspace is deemed the most appropriate referral and the client consents, the referral will be accepted.

headspace also offers region-wide online and telehealth services including **eheadspace** which is accessible 7 days per week from 9.00 am to 1.00 am and offers supportive counselling for young people between the ages of 12-25. eheadspace also offers a rural and remote telephone counselling service to cater to the needs of this target group. Referrals for this service need to be made through a school.

The **National Telehealth Service** is available to eligible young people using headspace or other registered services. Once a young person is referred by headspace, or their GP, a video consultation with a relevant psychiatrist is arranged. The video consultation is hosted by the headspace centre or other health service, to ensure confidential, safe and easy access.

#### Aboriginal and Torres Strait Islander mental health

Gippsland PHN has invested in an indigenous dual diagnosis (mental health and alcohol and other drug) program over the last two years. The program was previously delivered by Latrobe Regional Hospital, with remodelling and recommissioning to Gippsland's five regional Aboriginal Community Controlled Health Organisations (ACCHOs) in 2019. The ACCHOs will develop an employment model suitable to the needs of their communities incorporating dual diagnosis and/or alcohol and other drug and/or mental health clinicians and community engagement/outreach workers. The role of community engagement/outreach workers is to identify and support the community to access services, particularly mainstream services where ACCHOS are unable to recruit clinicians.

#### Alcohol and Other Drug funded services

Gippsland PHN invest in two alcohol and other drug programs for South Coast Gippsland residents:

- Gippsland Southern Health Service SMART Recovery Peer led Support Program
- Australian Community Support Service (ACSO) Family and Carer Support Service

#### **Gippsland HealthPathways**

Gippsland HealthPathways is a web-based tool designed for general practice to assist health professionals with assessing, managing and referring a patient within our region.<sup>8</sup> Clinical working groups convene to build

<sup>&</sup>lt;sup>8</sup> Gippsland PHN HealthPathways; <u>http://www.gphn.org.au/programs/healthpathways/</u>



content of referral and care pathways, overseen and signed off by clinical editors. This tool has great potential to improve collaborative practice among primary care and hospitals for better patient outcomes.

# Other regional information and programs

It is beyond the scope of this paper to list all services, consumer advocacy groups, community groups and resources relevant to mental health in South Coast Gippsland. For example, there are multiple private practitioners who operate in or service the Bass Coast and South Gippsland communities. The programs or initiatives described below are important to the overall picture of mental health service in Gippsland.

#### **Area Mental Health Service**

The state funded Area Mental Health Service is delivered by Latrobe Regional Hospital, including acute and community mental health and child and youth mental health services. The region's inpatient setting is based in Traralgon. Community mental health services are delivered in Wonthaggi and Korumburra.

Latrobe Regional Hospital also deliver the Hospital Outreach Post-suicidal Engagement (HOPE) initiative which aims to improve care following a suicide attempt. In collaboration with health services at twelve sites across Victoria, the Victorian Government is implementing enhanced support and assertive outreach for people leaving an emergency department or medical ward following treatment for an attempted suicide. The program will be available in all Gippsland emergency hospitals in the future.

The HOPE program provides intensive, person-centred support which is tailored to the unique needs and circumstances of the individual. Those eligible for the service will be contacted within 24-hours of hospital discharge, and support will continue for up to three months.

People are supported to address factors that contribute to stress in their lives related to their unique circumstances and needs. This can include assistance finding housing and employment, or referral to a range of support services, such education and training, legal support, Centrelink, drug and alcohol or relationship and family services. Assertive outreach workers also work with, and provide support to, the families, friends and carers of people who have attempted suicide.

Planning is currently underway to establish a non-clinical support service to complement the HOPE program. This will be delivered by Latrobe Regional Hospital in partnership with Gippsland PHN and beyondblue.

#### **Mental Health Community Support Services**

Mental Health Community Support Services (MHCSS) are delivered in Gippsland by Wellways Australia, within Australia, and MIND Australia. These organisations provide programs to assist people with lived experience of severe mental illness through peer support and specific interventions to improve health and wellbeing. An important focus for these services is to support people to test eligibility and transition to National Disability Insurance Scheme packages.

#### **Gippsland Mental Health Alliance**

The Gippsland Mental Health Alliance is a collection of sector representatives and leaders who have convened for several years to collaborate and progress actions related to suicide prevention, mental health



workforce recruitment and mental health workforce development. A revised tiered governance structure was endorsed by the Alliance members in May 2019 to enable a more strategic, advisory capacity for the region and provide a platform for continued connection and interagency work. The Gippsland Mental Health Alliance will provide crucial guidance and oversight of the integrated mental health and suicide prevention planning over the next three years.

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule (MBS)

Medicare rebates under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative are available for patients with a mental disorder to receive up to ten individual and up to ten group allied mental health services per calendar year. These services are generally provided in courses of treatment, with each course of treatment involving up to six services provided by an allied mental health professional. At the end of each course of treatment, the allied mental health professional must report back to the referring medical practitioner on the patient's progress and the referring practitioner assesses the patient's need for further services.<sup>9</sup>

# **Analysis and recommendations**

This paper represents Gippsland PHN's position related to mental health services in South Coast Gippsland. It intends to provide an overview to support strategic discussion of the current state and a desired future state, rather than an exhaustive list of service providers.

In terms of policy and review, there is much current activity at both state and commonwealth levels which will inevitably impact on the future of mental health services throughout Gippsland, Victoria and nationally. Navigating through this busy space and subsequently responding to changes will require agility and a commitment to working together based on a common understanding of community needs in South Coast Gippsland. We must then move beyond lip service to action-based agreements and collective approaches to address those needs. The political context to support collaboration such as co-commissioning bilateral agreements is needed, however advocacy and action at the community level is fundamental for lasting and meaningful outcomes.

The information in this paper suggests that investment in service is comparatively strong in South Coast Gippsland. What is missing from the paper is an understanding of community uptake and outcomes, and gap analysis to determine where the overall system is missing the mark. The joint regional planning underway in partnership between Latrobe Regional Hospital and Gippsland PHN will address these areas.

Another unknown is the potential for improved linkages between services and initiatives. While individual practitioners often work together at a ground level to meet patient needs, the system is largely operating in silos and coordination can be improved. Patient centred care and recovery models of care seek to reduce

<sup>&</sup>lt;sup>9</sup> https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-prof



fragmentation and increase personalisation, however are difficult to implement without system support.<sup>10</sup> The climate is right to work together to address system issues, so the South Coast community can look forward to a well-functioning mental health system to meet their needs into the future. The goal is disease prevention and improved patient outcomes as well as a reduced burden on hospitals and emergency services.

The following recommendations are therefore proposed:

- 1. Collective sector and community engagement and participation in integrated regional mental health and suicide prevention planning (led by Latrobe Regional Hospital and Gippsland PHN) over next three years.
- 2. Promotion of, and engagement with, the National Health Service Directory<sup>11</sup> as the preferred method to maintain current service information.
- 3. Opportunities for collaborative solutions to improve coordination and integration and reduce fragmentation are explored as a collective such as:
  - Gippsland HealthPathways
  - Digital health solutions (for example telehealth, remote monitoring, nurse led models of care)
  - o Patient centred models of care and support

<sup>&</sup>lt;sup>10</sup> Gask, L., Coventry, P. (2012). *Person-centred mental health care: the challenge of implementation*. Epidemiological and Psychiatric Science, 21(2), 139-144.

<sup>&</sup>lt;sup>11</sup> National Health Service Directory; <u>https://about.healthdirect.gov.au/nhsd</u>





# Appendix 1 – Primary mental health care providers commissioned by Gippsland PHN

Primary Mental Health Care - Gippsland PHN commissioned mental health services (stepped care model)

Primary Mental Health Care - dippsiand Priv commissioned mental health services (stepped care model)											
Provider	Population	Local Government Area	Well/at risk	Mild	Moderate	Severe	Referrals direct to provider	Provider website			
Bass Coast Health	all	Bass Coast		~	~		(03) 5671 3333	https://www.gha2.net.au/bch			
Butterfly Foundation	young people	Regional				~	1800 33 4673	https://thebutterflyfoundation.org.au/			
Developing Minds - Calm Kid Central	children	Regional		~			https://www.calmkidcentral.com/	https://www.calmkidcentral.com/			
Foster Medical Centre	adults	South Gippsland				~	(03) 5682 2088	https://fostermedical.com.au/			
Gippsland Lakes Community Health	children	East Gippsland		~	~	~	(03) 5155 8300	http://glch.org.au/			
Inglis Medical Centre	adults	Wellington		~	~	~	(03) 5143 7900	http://www.inglismedical.com.au/contact/			
Jesuit Social Services	all	Regional	~	~			(03) 9421 7640 aftersuicide@jss.org.au	https://jss.org.au/what-we-do/mental-health-and- wellbeing/support-after-suicide/			
Latrobe Community Health Service	young people (headspace)	Latrobe	~	~	~		1800 242 696	https://headspace.org.au/headspace-centres/morwell/			
Migdala House (Erin Dolan & Associates)	all	Baw Baw		~	*		(03) 5622 0716	https://www.healthdirect.gov.au/australian-health- services/23024853/erin-dolan-and- associates/services/warragul-3820-albert			
NewAccess	all	Regional		~			to be confirmed	https://www.beyondblue.org.au/get-support/newaccess			
Orbost Regional Health	all	East Gippsland		~	~	~	(03) 5154 6666	https://www.orbostregionalhealth.com.au/home			
Outcome Health	adults	Bass Coast, South Gippsland, Latrobe, Baw Baw			~	~	https://outcomehealth.org.au/megpn_up load_folder/sitedocuments/mentalhealt hservices_referralform.pdf	https://outcomehealth.org.au			
Relationships Australia Victoria	young people	East Gippsland	~	~	~		(03) 5141 6200	https://headspace.org.au/headspace-centres/bairnsdale/			
	(headspace)	Bass Coast, South Gippsland	~	~			0418 213 990	https://headspace.org.au/headspace-centres/wonthaggi/			
Royal Flying Doctor Service	all	East Gippsland		~	*		Referral via GP or by contacting directly via https://www.flyingdoctor.org.au/vic/our- services/wellbeing/	https://flyingdoctor.org.au			
South Gippsland Hospital	all	South Gippsland		~	~	~	(03) 5683 9777	https://southgippslandhospital.com.au/			
Uniting Gippsland	all	South Gippsland		~	~		(03) 5662 5150	https://www.vt.uniting.org/locations/gippsland/			
Victorian Counselling and Psychological Services	all	East Gippsland		~	~		(03) 9419 7172	https://www.vcps.com.au/			
within Australia	adults	Wellington		~			1300 737 412	http://www.withinaustralia.org.au/			
Yarram District Health Service	all	Wellington		~	~		(03) 5182 0222	http://www.vdhs.com.au/			