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RURAL
HEALTH

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Care coordination can enable interagency collaboration in providing comprehensive mental health care for persons with severe and persistent mental illness

GROUP OF EIGHT AUSTRALIA

PRESENTER DISCLOSURE

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Presenter: Anton Isaacs

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Other: None

MITIGATING POTENTIAL BIAS

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Presenter: Anton Isaacs

Mitigation of conflict: No conflict of interest declared

LEARNING OBJECTIVES

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1. To define SPMI and briefly describe the needs of persons with SPMI
2. To examine ways in which multiple needs of persons with SPMI can be met
3. To outline Australia's Partners in Recovery program
4. To describe how the care coordinator role enabled interagency collaboration in providing wrap around care to persons with SPMI

SEVERE AND PERSISTENT MENTAL ILLNESS

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- Definition of SPMI
- Significant functional impairment
- Often become disconnected from social or family support networks
- Extensive reliance on multiple health and community services for assistance to maintain their lives within community-based settings and outside of institutional care
- May have comorbid substance use, physical health issues or both

COMMON NEEDS OF PEOPLE WITH SPMI

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- Have difficulty
  - completing basic activities of daily living &
  - accessing housing, medical services transport, etc
- Difficulty in accessing services is due to
  - complexity of navigating different services
  - Stigma

PROVISION OF CARE FOR PERSONS WITH SPMI

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- Require more intensive support to effectively address the complexity of their needs
- Mental health services are not capable of managing all these needs
- Need to work closely with other health and non-health agencies such as GP practices and housing
- Service integration is complex and challenging
- So persons with SPMI often fall through the system gaps

INTEGRATION OF SERVICES

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Service integration is possible in two ways - Integration at the service system level or

1. Service system integration &
2. Integration at the service delivery level

Service system integration

- Setting up inter agency agreements such as memoranda of understanding
- Joint service planning
- Information sharing, and
- Joint service provision
- More of a top-down approach

BARRIERS TO SERVICE SYSTEM INTEGRATION

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- Inadequate funding and technology
- Reluctance of staff to take on new caseloads
- Inability of services to share information due to the need to maintain confidentiality
- Difficulty obtaining stakeholder buy-in
- Developing a common understanding of a shared purpose and respecting each other's roles
- Service system integration -fraught with difficulties
- Particularly challenging when it involves more than two agencies

INTEGRATION OF SERVICES AT THE DELIVERY LEVEL

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Integration at the service delivery level

Bottom-up approach where staff from different agencies work together as a team

E.g. embedding mental health staff in welfare agencies has shown to improve outcomes for homeless persons with severe mental illness

Assertive Community Treatment model (ACT) where a team comprising of a psychiatrist, nurse and case managers working together has shown to reduce psychiatric hospitalisation.

INTEGRATION OF SERVICES AT THE DELIVERY LEVEL

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Integration at the service delivery level

- Stewart and colleagues (2012) describe the role of a dedicated care-coordinator that helped improve outcomes in an in-patient setting.
- Employed a brokerage model.
- Developed and maintained relationships between the client, service provider and other stakeholders who contributed to the provision of care
- Served as a single point of contact
- Enabled a stronger therapeutic alliance for the client.

AUSTRALIA'S PARTNERS IN RECOVERY PROGRAM

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- Due to growing concerns about the difficulties faced by individuals with SPMI
- Australian Government trialed a care coordinated service model called the Partners in Recovery (PIR) initiative.
- The PIR initiative aimed to support a better integrated mental health care system by
  - improving referral pathways
  - strengthening partnerships between services
  - promoting a community-based recovery model

PIR INITIATIVE CONTD…

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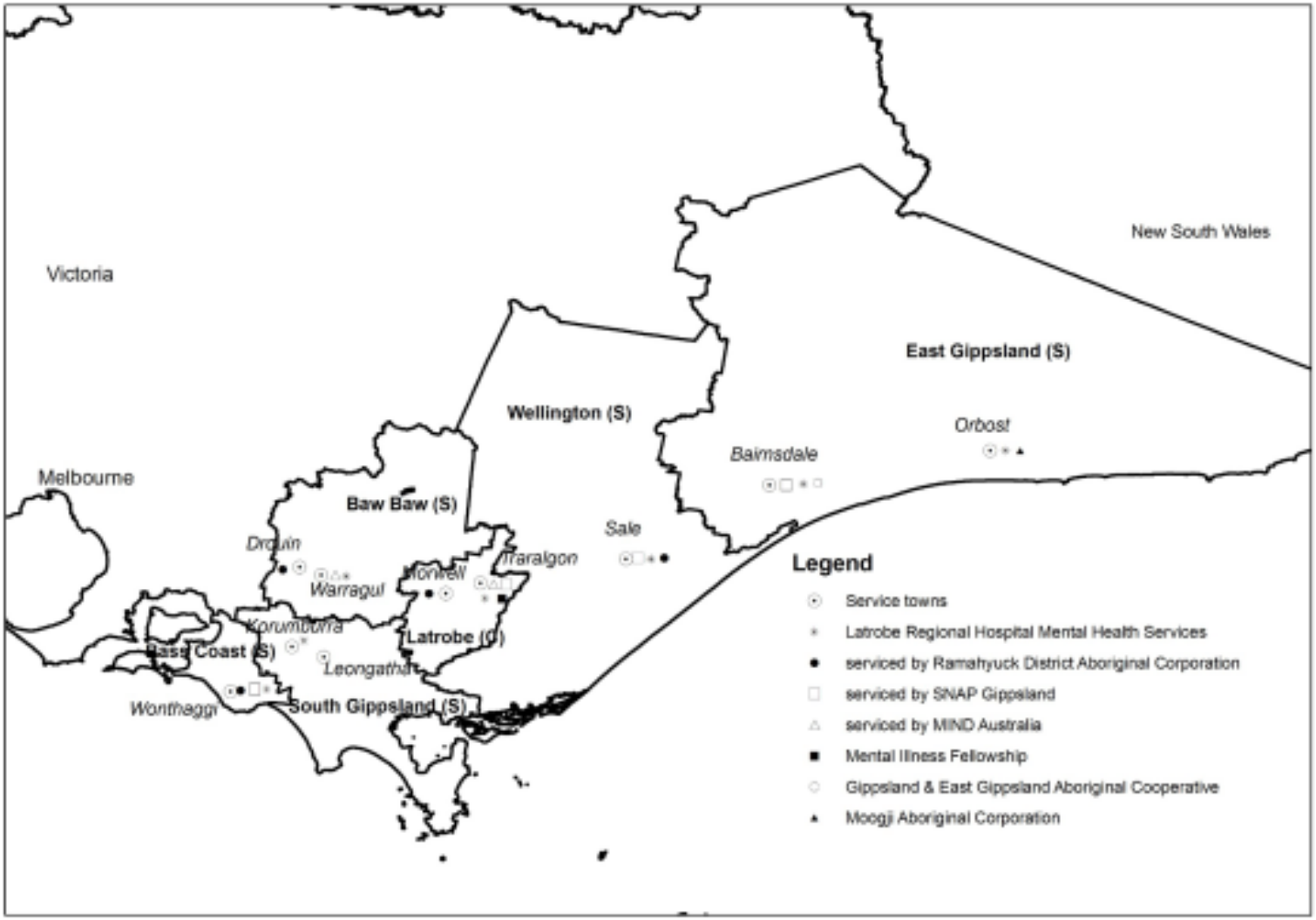
- The initiative was implemented nationally from 2014 to 2016
- Supported an estimated 20,000 individuals with SPMI
- Implemented in defined catchment areas by 48 suitable non-government agencies
- Gippsland, Victoria was one such catchment area.

PIR INITIATIVE CONTD…

PIR INITIATIVE CONTD…



STRUCTURE OF PIR IN GIPPSLAND

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Regional health planning organization

Gippsland Primary Health Network (GPHN), previously called Gippsland Medicare Local

Consortium for PIR

1. Area mental health services
    - Regional Hospital
    - Five Community mental health services
2. Mental Health Community Support service 1
3. Mental Health Community Support service 2
4. Mental Health Community Support Service 3

STRUCTURE OF PIR IN GIPPSLAND CONTD…

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A Mental Health Community Support service is a non-clinical mental health service mostly adopts the Community Recovery Model (CRM)

1. Skills training programs
2. Peer education
3. Intentional peer support
4. Individual placement and support
5. Housing First

STRUCTURE OF PIR IN GIPPSLAND CONTD…

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For the purposes of the PIR initiative, the mental Health Community Support Services were referred to as:

Support Facilitator Organisations

PIR staff employed by them were called

Support Facilitators

ROLE OF THE SUPPORT FACILITATOR

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WORKFORCE

CSIRO PUBLISHING
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Roles and competencies of the Support Facilitator in Australia's recovery-oriented mental health initiative: a qualitative study from Gippsland, Victoria

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Abstract

Objective. This study explored the roles and competencies of Support Facilitators (SFs) engaged in the implementation of the Partners in Recovery initiative in a rural region of Victoria.

Methods. Semi-structured interviews were conducted with 32 stakeholders involved in the initiative, of which 15 were SFs.

Results. Two main themes and 10 subthemes emerged from the data: (1) SF competencies (which included an understanding of local services as well as administrative and social skills); and (2) the SF role (which included them being a single point of contact, providing care coordination, assisting the client to become self-reliant, achieving good outcomes for clients with confronting behaviours, judiciously using flexible funding, clearly outlining their role with clients and maintaining boundaries and performing a different role from that of the mental health case manager).

HOW PIR WORKS

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- Client is telephonically referred to central Intake (from anyone)
- Intake organisation assesses client suitability and refers to one of three SFOs depending on location and convenience
- Client allocated to SF
- SF works with client and carer to identify and prioritize needs (can take up to 2 weeks mostly to build trust with client)

HOW PIR WORKS

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- SF then invites relevant service providers according to stated needs of the client to form *a* **care team**
- Giving the Client the principal voice, the team develops a care plan and each service provider in the team works with the client to meet their needs
- Support Facilitator remains the central point of contact and communications unless decided otherwise by the care team
- Although agency specific records of clients are not shared, there is sharing of minutes of care team meetings.

TYPES OF SERVICES USED

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AUSTRALASIAN PSYCHIATRY

Regular Article

Australasian Psychiatry
1–4

DOI: 10.1177/1039856218759408
journals.sagepub.com/home/apy
SAGE

Referral patterns and implementation costs of the Partners in Recovery initiative in Gippsland: learnings for the National Disability Insurance Scheme

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Abstract

Objective: The purpose of this paper is to provide some learnings for the NDIS from the referral pattern and cost of implementing the Partners in Recovery initiative of Gippsland.

Method: Information on referral areas made for each consumer was collated from support facilitators. Cost estimates were determined using budget estimates, administrative costs and a literature review and are reported from a

SUMMARY OF REFERRALS MADE FOR PIR CONSUMERS TO OTHER SERVICES

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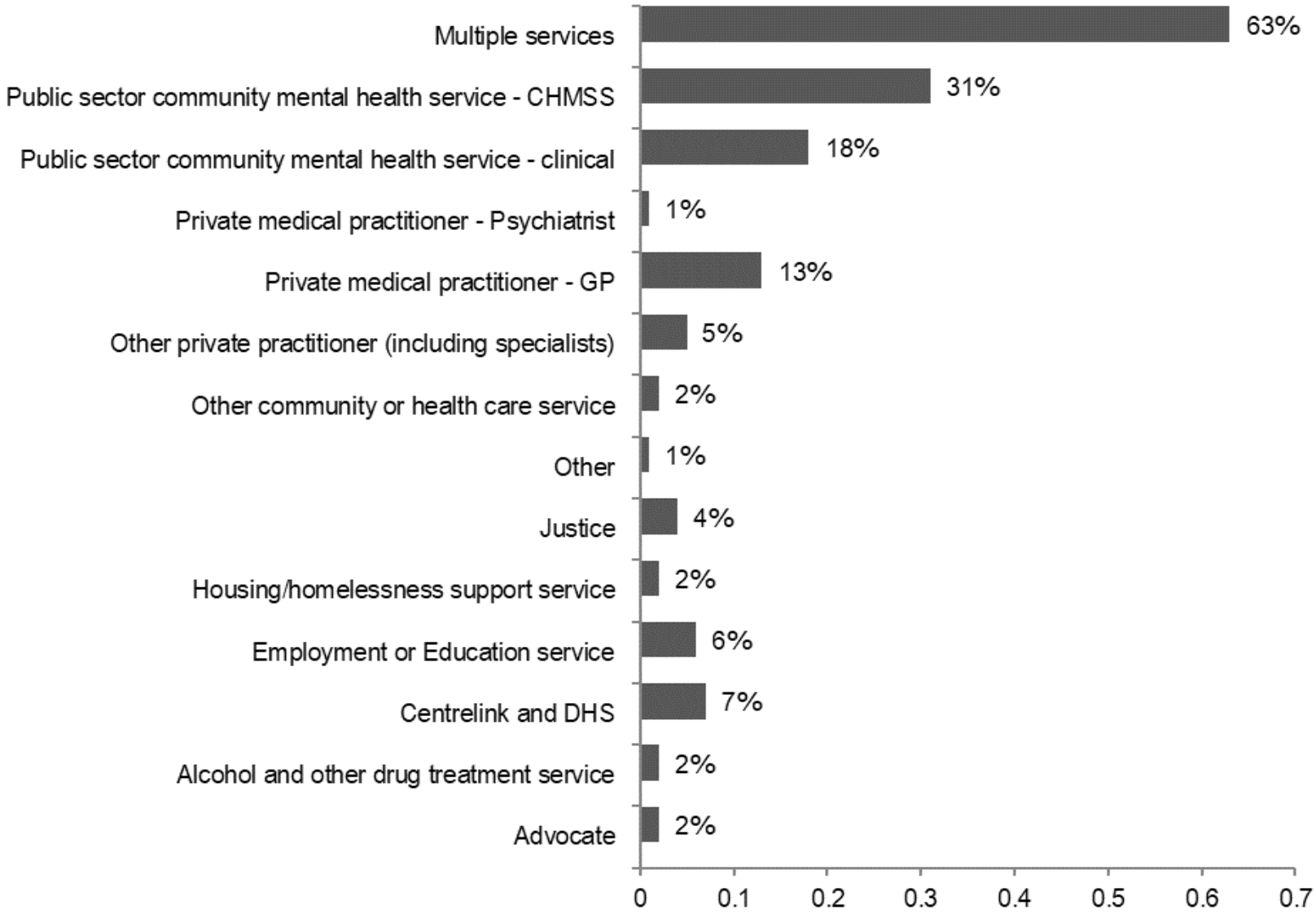

WHAT ABOUT THE CASE MANAGER'S ROLE?

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I just don't have the time for that. Our role tends to now be more [about] medications, making sure that people are compliant, looking for early warning signs, dealing with people in crisis is largely where we're at nowadays. (OSP 12)

Look, I have been a case manager myself. We just have been overloaded with a lot of case logs. (SF 10)

Mental health services focus is on risk – it's not on recovery and even though they have put so much in over the last couple of years to try and change that, it's still based on risk because there aren't enough of them to do the recovery work with the client. (OSP 6)

EVALUATION OF THE PIR

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Original Article

I|J|S|P

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DOI: 10.1177/0020764016678014
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SAGE

Outcomes of a care coordinated service model for persons with severe and persistent mental illness: A qualitative study

Anton N Isaacs[1], Keith Sutton[1], Kim Dalziel[2] and Darryl Maybery[1]

Abstract

Background: Owing to difficulties faced by individuals with severe and persistent mental illness (SPMI) in accessing multiple services, the Australian Government trialed a care coordinated service model called the Partners in Recovery (PIR) initiative.

Material: A total of 45 stakeholders in Gippsland were asked what difference the initiative had made.

Discussion: The PIR initiative benefited not only clients and carers but also service providers. It addressed an unmet need in service delivery for individuals with SPMI.

Conclusion: The PIR initiative has filled a gap in delivery of care for individuals with SPMI in Gippsland.

Keywords

Care coordination, collaborative care, mental disorders, personal recovery, rehabilitation, non-clinical mental health services

Introduction

Individuals are said to have severe and persistent mental ... the system. Most clients with SPMI find it difficult to

WHAT DID THE CLIENTS AND CARER'S SAY?

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I've never spoken to a psychologist before and I'm actually getting contacted by [the hospital] about a neurologist as well. So these are things I've never had access to before … maybe because of the stigma – I was worried about ending up in a rubber room. (Client 3)

WHAT DID THE CLIENTS AND CARER'S SAY?

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There [were] some major decisions to be made and finding your own way through … where you have to go is impossible really because you don't know what services to follow up unless it's by accident. But just having it all coordinated together was easy … (Carer 3)

WHAT DID THE CLIENTS AND CARER'S SAY?

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Look, they've been a pivotal part of my life … to help me get to a better place. Where I was sitting 12 months ago was really sad. I was homeless, I was looking at throwing myself off a bloody bridge because I wasn't prepared to be homeless at 43 and lose everything. Through accessing [the PIR initiative] … I've got my life back and I've got hope, which is something you just don't get. (Client 5)

WHAT DID SERVICE PROVIDERS SAY?

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I've seen a lot of services go, 'Oh, Thank god!' It just needed some help to gather the services together and to get them working in [unison] and I've seen a lot of really good positive results come from this program. (SF 14)

WHAT DID SERVICE PROVIDERS SAY?

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I personally believe that it's probably strengthened relationships between the organisations. I like to think I've got some really good contacts and strong relationships with people, particularly at [housing service], [Community mental health service] and [Drug and alcohol]. (SF2)

WHAT DID SERVICE PROVIDERS SAY?

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It's very much a team approach, but because these people are so complex [it] works really well not only from an organizational point of view but from bouncing off each other and picking each other's brains … and I guess sharing the load in some respects as well. (OSP 7)

WHAT DID SERVICE PROVIDERS SAY?

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The other thing is non-duplication of service, I find that really good. Everyone contributes to one plan. There's great communication, everything is distributed and there's an understanding. (SF 1)

It's something we've always been concerned about … the replication of service … (OSP 12)

WHAT DID SERVICE PROVIDERS SAY?

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Sometimes the client might be suggesting different things to different workers and you find you're all kind of chasing your tail. I find with this kind of model … that it avoids a lot of that and especially if the clients are involved in the care team too. (OSP 5)

SUMMARY

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Conclusion

Care coordinators might be the key to facilitating interagency collaboration and setting up recovery oriented services for persons with SPMI.

Future research

Controlled trials to measure various aspects of interagency collaboration with care coordination as an intervention.

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Thank you

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