

# Working towards a more integrated mental health system

## Joint regional planning

Achieving integrated planning and service delivery at a regional level is Priority Area One of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)<sup>1</sup>.

To this aim, WA Primary Health Alliance (WAPHA) is leading the development of joint regional plans for the three Western Australian Primary Health Network regions (Perth North, Perth South and WA Country), in partnership with the Mental Health Commission (MHC), Health Service Providers and the Department of Health.

The joint regional 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, and duplication and inefficiencies in service provision.

## Partnerships

WAPHA has demonstrated the principles of integrated care in its partnership approach to stewarding mental health reforms in WA. WAPHA's work on developing over 500 localised health pathways (including mental health), in collaboration with specialists, GPs and key stakeholders, is helping clinicians to support patients to navigate through the complex primary, community and acute healthcare system.

## Coordinated commissioning

WAPHA continues to work with the MHC to share information and data and to coordinate commissioning of treatment and support services.

## What is integration?

In mental health contexts, integration refers to the organisation and management of mental health and social care services so that people experiencing mental illness get the care they need, when they need it, in ways that are user-friendly. Integration

results in a more holistic system of care and support, focused on the needs of the individual<sup>2</sup>, whilst also making the best use of the available funding and resources.

Integration is best seen as a continuum rather than as two extremes of integrated/not integrated. It occurs when staff and organisations work across professional, institutional and jurisdictional boundaries to provide seamless care for people experiencing mental illness. Integration requires the development of flexible and continuous processes and care pathways. The aim is to provide services which can be easily navigated and feel joined up by the people that use them.

In an integrated mental health system, the different services involved in supporting the individual (including services from other social services sectors the housing, disability, and justice sectors) share information and work together in a coordinated way, to address the health and social care needs of the individual, ensuring they receive the care or support needed, in the right place, at the right time.

## Impacts of integration

Integrated approaches enhance continuity of care as an individual moves between phases of care, medical complexity and service locations, due to their specific needs. This means for example that a individual doesn't have to retell their personal story multiple times to multiple services because effective mechanisms for sharing information between service providers are in place.

Integrated approaches also lead to greater efficiencies, making the best use of mental health funding to address gaps and avoid duplication of services.

1 Australian Government Department of Health: *How PHNs Integrate Health Services Frequently Asked Questions Fact Sheet*, information last updated 2018

2 Australian Government Department of Health (2018)

The Productivity Commission notes, 'where there is a higher degree of integration across the primary care and hospital sectors, there are larger impacts on the utilisation of health services and on the health of clients; and these larger impacts are achieved at less cost'<sup>3</sup>.

## Reforming a fragmented, siloed system

The Australian mental health system involves multiple layers of responsibility and funding. Traditionally, the system has been highly fragmented, placing an undue burden of responsibility on individuals experiencing mental health issues, to navigate between the services they need<sup>4</sup>.

The National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services<sup>5</sup> made the following conclusions:

- The mental health service system is complex and fragmented, involving multiple providers and siloed funding streams.
- The different parts of the service system often operate in isolation of each other.
- Service gaps, inefficiencies, duplication and poor planning and coordination are compounded by a lack of clarity of roles and responsibilities.
- Many individuals have a poor experience of care.
- Decisions about programs and services need to be made following proper engagement, planning and co-design with consumers, families, carers and communities.
- Planning needs to address the critical issue of system design<sup>6</sup>.

## Lack of integration

A lack of integration has adverse impacts on individuals experiencing mental health issues. Examples of a lack of integration include:

- two or more services offering a similar type of support in one region – whilst other required services are absent from that region
- inconsistent eligibility criteria, which precludes individuals with complex needs from accessing support

- individuals receiving a higher or lower level of care than they require, due to a "one size fits all" service delivery approach.

In Western Australia, a system-wide review of Western Australian Government funded mental health services in 2012<sup>7</sup>, highlighted that, to improve patient continuity of care, close links between the mental health services and GPs are essential. It has subsequently been noted however, that continuity and navigation across services and between primary care and secondary care remains challenging for many people experiencing mental health issues<sup>8</sup>.

The Western Australian Mental Health, Alcohol and Other Drugs Services Plan also notes it is essential for services to work together, across sectors, in an integrated way, to ensure that people do not fall through the gaps across the service continuum and that they receive the appropriate level of care and support to meet their needs<sup>9</sup>.

Without strong and coordinated action directed at building pathways and linkages between all services involved in responding to an individual's health and social care needs, people who often have complex care needs are left having to negotiate between different service providers, funding streams and networks of care.

## Barriers to integration

An individual's journey through the mental health system may involve accessing a number of different services, which may not easily connect with each other. These services may have limited ability (or inclination) to share information or data<sup>10</sup>, due to the following factors:

- Services may be funded by different levels of government (typically either a state government or the Australian Government).
- Services may be funded by other agencies within the same level of government (in Western Australia this may be the Mental Health Commission and the Department of Communities).
- One service may be provided by a government organisation and another by a non-government (or community managed) organisation.

3 Productivity Commission. *Integrated Care, Shifting the Dial: 5 year Productivity Review, Supporting Paper No. 5, Canberra. 2017*

4 WA Primary Health Alliance. *Commissioning for Better Health. p40. 2019*

5 National Mental Health Commission. *Contributing Lives, Thriving Communities - The National Review of Mental Health Programmes and Services. Sydney: NMHC. 2014*

6 Australian Government Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*

7 Stokes, B. *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/ services in Western Australia. Government of Western Australia, Dept of Health and Mental Health Commission, Perth. 2012.*

8 Chief Psychiatrist of Western Australia. *Ensuring safe and high-quality mental health care. Annual Report of the Chief Psychiatrist of Western Australia. Perth. 2018.*

9 Western Australian Mental Health Commission. *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.*

10 Australian Government Department of Health (information last updated 2018)

- One service may provide clinical treatment services (such as hospital based mental health services or General Practice (GP)), while another may provide community-based support (such as supporting individuals to manage their daily living and/or supporting individuals to socially participate in their community of choice).
- One service may provide secondary and tertiary care (including hospital-based services) and others primary care (such as treatment provided by a GP).
- Formation they can collect and whom they can share this information with.
- Services may not realise the benefits in communicating and working collaboratively.
- implementation of regular meetings with other service providers to maintain links and partnerships - or establish them - that facilitate continuity of care for the consumer
- thorough documentation of contacts with internal and external services and providers, including referrals, policies and procedures
- shared care arrangements between general practitioners (GPs), private psychiatrists, non-government organisations and other applicable agencies to facilitate consumer recovery.

Service providers to work in collaboration with other related service providers, including welfare services, primary care practitioners, disability support services, emergency departments and aged care providers in ways that support consumers to achieve their recovery goals.

## Enablers of Integration

The Australian Government <sup>11</sup> suggests the following activities to promote integration and continuity of care between programs and sites:

- implementation of regular team leader meetings and service-wide meetings between service providers to discuss and plan coordinated support approaches with individuals

<sup>11</sup> Australian Government Department of Health. *Implementation Guidelines for Non-Government Community Services*. Commonwealth of Australia. 2010



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