

# Overview

## Purpose of special interest panel

The WA Mental Health Commission convened a special interest panel including three GPs from the WA GP Advisory Panel to inform the development of a model of service for the Head to Health Kids Hub.

## Background

The Australian Government Department of Health and Aged Care and WA Mental Health Commission are establishing a Head to Health Kids Hub in WA - as part of the Bilateral Schedule on Mental Health and Suicide Prevention: Western Australia. The WA Mental Health Commission is currently working towards localising the pre-existing [Australian Government model for the City of Swan area](#).

The Head to Health Kids Hubs will:

- Provide comprehensive, multidisciplinary care which supports children and their families
- Improve early intervention outcomes for children's mental health and wellbeing, and
- Complement and enhance existing services provided to children and their families.

“The Hub is intended to operate as a **child mental health and wellbeing service, targeting mild to moderate emerging complexity**. The Hub will improve early intervention by enabling greater access to care from multidisciplinary teams for children up to the age of 12, and their families.

The Hubs are being developed to **complement and integrate with current child health and family services** already provided in communities.”



# WA GP Advisory Panel Special Interest Panel: Head to Health Kids Hub workshop

19 September 2023



# Discussion and feedback

## Service duplication

- It was noted that the service aims to fill the gap in the "missing middle" by supporting children and families who may not qualify for existing services but still need assistance. It won't duplicate existing services but may provide support to families on waitlists for other services.

## Consent, engagement and access

- Concerns were raised around obtaining carers consent for referrals in complex situations where direct family members may not be accessible. It is expected that the consortium that ends up providing this service will have processes in place to address this and have expertise in working with hard-to-engage families.
- The need for additional, integrated and ideally co-located services in line with the proposed model was noted.
- Prohibitively long wait lists and complex pathways to diagnosis were flagged as an issue that may prevent families from remaining engaged with the hub.
- Providing feedback to GPs where a patient is then on-referred to another service was flagged as critical to ongoing patient care and preventing duplicate referrals.
- Given the service will be free, triaging and assessment of needs will need to be robust to ensure the service can be accessed by people who have difficulty navigating the healthcare system and can't afford other services. *This will be a key criteria to be addressed in the tender*

## Accessibility and data management

- Questions were raised about access for those without Medicare and integrating information into patients' My Health Record to support continuity of care. *This will be investigated by MHC*

## Cultural considerations

- Availability of interpreter services was queried and there is an expectation that they will be readily utilised and available. In addition, the service should link with existing multicultural services in the area where possible and work to build trust within diverse communities.

## Managing complexity

The importance of having clear policies and procedures in place to manage complex patients that may sit outside the service's scope was highlighted, as well as having adequate staffing and support to ensure that the potentially complex patient load doesn't lead to staff burnout.

## No wrong door approach

- The service aims for a "no wrong door" approach, but it was acknowledged that effective prioritisation and ongoing relationships with other appropriate services will be critical to ensure patients with complex or acute needs are able to be referred on and access appropriate care.



# Discussion and feedback

## GP engagement

- Ongoing communications about the service comprising lunchtime presentations, educational sessions, and reminders every six months will be important to keep GPs informed about the service.
- Utilising GP hospital liaison officers in the area as well as at Perth Childrens Hospital will also be important to raise awareness of the service among GPs.
- A walk-through of the site was also suggested as a novel way for local GPs to be able to see the service in action and build relationships with the people who will be running it.

## Online referrals

- It was noted that there will be an online referral tool adapted for the service. There was feedback that the existing IAR decision support tool was less helpful for an experience GP however having a digitised referral form integrated into the software that practices are currently using would be very useful.

## Building trust

- The importance of prompt and informative correspondence back to GPs after referrals was noted as key to building trust and supporting ongoing referrals. *This was noted as something to include in the model so GPs remain informed throughout the patient's journey*

## Most likely to be referred to the service

- Patients most likely to be referred to the service include:
  - Families facing difficulties navigating the system
  - Families with multiple children needing supports or a child needing multiple services and supports
  - Those with limited resources or facing challenges accessing multiple services

## Future of the service

- Expansion of similar Hubs to other areas is anticipated pending the uptake and performance of the Midland Hub.
- The tender for the service is expected to be released by the end of October, with the contract award anticipated early in 2024.

