SACOSS
South Australian Council of Social Service

Linking Services for Mental Health and Wellbeing

Submission to the SA Mental Health Strategic Plan 2017-2022

Report of Conversations:
Linking Services for Mental Health and Wellbeing Sector Briefing
11 May 2017
In conjunction with Mental Health Coalition of SA
and the SA Mental Health Commission

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Introduction

The South Australian Mental Health Commission (SAMHC) has been established with a key role of leading the development of the South Australian Mental Health Strategic Plan 2017-2022. The aim of the strategic plan is to "work toward providing a whole of life, whole of community and whole of government approach to building, sustaining and strengthening the mental health and wellbeing of South Australians".

Across the health and community sectors services are increasingly working with clients who are facing mental health issues alongside or underpinning the issues they are seeking to have addressed.

SACOSS, in conjunction with the Mental Health Coalition of SA and the South Australian Mental Health Commission, held a special Sector Briefing to provide input into the development of the SA Mental Health Strategic Plan.

Participants represented a cross section of agencies with both direct and indirect contact with people with mental illness or mental health concerns.

In discussing what should happen to create better linkages between the broader social and community welfare sector and mental health services, participants explored their vision for an integrated mental health system, the steps and support that would be required to achieve the vision and the support that would be required to maintain it. They were asked to consider, when thinking about their client group presenting a need, the various roles of individual agencies, the sector as a whole and governments in moving from a mental illness perspective to one of mental wellbeing.

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Discussion One: The Vision

What is your vision for an integrated mental health system that generates mental health and wellbeing for South Australians?

- In developing a common purpose, what would an integrated mental health system that underpins action at the coalface look like?
- How would the things that happen now look different if we had an integrated system?

Integrated Multidisciplinary Approach

Participants supported an integrated whole of person, whole of life, whole of community and whole of government approach. Their vision included:

- All sectors integrating their approach.
- A common language and matching expectations.
- Integrated systems running alongside the key priority areas for each sector's operational plan.
- Communication pathways between different providers of services.
- Genuine multidisciplinary collaboration towards client directed wellbeing, including where appropriate co-location or 'one-stop-shops'.
- Government support for cross integration.
- Services built on a strengths based approach.
- A multidisciplinary as compared to a case management approach for the whole person within an holistic framework.
- All workers in the community sector having an understanding of mental illness so they could support a client even if their focus area was not mental illness.
- Recognition that an holistic approach includes social and emotional wellbeing.

The Partners in Recovery (PIR) model was cited as a good model to use for the implementation of integrated systems. PIR was seen as working more holistically with clients, with more flexibility with where the client is at that time. It gave autonomy, promoted respect, was less confrontational than other models and supported other services. It could bring agencies together.

Zero Stigma

Zero Stigma, the total breakdown of the stigma associated with mental illness, would mean agencies not just talking with each other but a massive shift in community culture. There would be strong community awareness about mental health and mental illness. There would be no labels, but rather community as a safe place where people with mental illness or a mental health concern would have respect, acceptance and trust. Their concerns would be believed.

There would be structures and models in organisations regarding training and induction that would be culturally appropriate, trauma informed. Schools would have resilience awareness courses. There would be no "scapegoat" for tough issues. People would be encouraged to tackle the issues and bring them out into the open for discussion.

Everyone's Business

In their vision for an integrated approach for mental wellbeing, participants recognised that everyone had a role to play. Mental wellbeing was everyone's responsibility. It crossed the boundaries of workplace responsibilities. There was outcome focussed ownership within and integration across each organisation, agency or department. A supported, educated workforce held an understanding in psycho-social support. They recognised what was working well and the need to change what was not working well.

Within the government each minister accepted and understood the responsibilities appropriate to their portfolio, and to government as a whole, through impact statements.

KPIs would be outcome focussed rather than process focussed.

Pathways into a Continuum of Support

Participants envisaged a system that was viewed as a whole of life spectrum from awareness through early intervention to crisis and long term intensive support, rather than a system built on crisis management, as it appeared today. In recognition of the common episodic nature of mental health concern and mental illness and in describing mental health services as a continuum of support, the question was asked, “Who is the first face you see?”

In an integrated system there would be clearly defined pathways into services and supports. Referrals would be streamlined; it would not matter where a person entered. A truly flexible system would ensure that support was available. After all, most people do not know the answer to, “Where do I even start?” They should not have to “phone around until you find something you are eligible for” as can be the case today.

Presenting issues would be addressed first, without assumptions being made, with appropriate linkages to other support services in a timely manner. People who were referred to other services would not be delayed - “put last on the list” - because of their mental health issues as is too often the case today.

People would be able to move through the spectrum as needed. Different services meeting multiple needs for one person would be seen as complementary to, rather than competing with, each other.

Referrals would come from anywhere not just from clinicians. There would be support for people with a diagnosis and who were yet to receive one. People would receive psycho-social support without necessarily being linked to mental health services.

One participant outlined their vision as better access to:

- Dental care: often people have great anxiety around seeing a dentist due to previous bad experiences lived as trauma.
- Counselling: not just access to psychologists (and CBT) but a broader scope of and for therapeutic relationships.
- Faster response times in access to services; a reduction in time spent on wait lists.
- More communication between Health SA workers and NGO workers (information sharing).
- Many more peer (lived experience) workers.
- Better access to, and provision of, a telephone support service.

Particular attention would be made to ensuring the access into the system by such diverse groups as CALD, ATSI and LGBTI.

Resources

As it “comes down to resources”, programs that went to people not ‘starter systems’, would be funded for a longer time.

Discussion Two: Getting There

What pathways and support would be required to achieve your vision for an integrated mental health system?

- When thinking about what needs to be done; when thinking about the pathways and support, what are a couple of key actions to make an integrated system across sectors happen?
- Overcoming barriers preventing support pathways across services?

Changing Culture:
Reducing Stigma: Promoting Mental Health and Wellbeing

In getting to their vision for an integrated mental health system participants outlined their actions for a "massive cultural shift that needs to happen", including:

- An integrated multidisciplinary approach to education for all the sectors: medical, clinicians, universities, community.
- Reviewing workplace cultures and practices with retraining, re-culturing, reskilling by identifying gaps (eg in mental health first aid) and utilising what had been successfully implemented elsewhere.
- Inserting mental health liaison officers across the sectors.
- Promoting health literacy more.
- Including wellbeing in conversations and assessments.
- In any focus on early intervention Department of Education and Child Development buy-in into the curriculum at primary and secondary levels.
- Making the environment friendly and safe through outreach in community centres.
- Using words like resilience, mental health, wellbeing and mindfulness to five year olds for early intervention.
- Redesigning the stepped model of care, removing labels that stigmatise.

As one participant quoted, "A wise man knows when to break the rules."

Creating a Client Focus

In building a person directed, client based, population health oriented system the question participants wanted answered was, "What is the consumer perspective?"

The system needed to be transparent, client focussed, client driven, with clients actively involved in the process of system and program design and continuous improvement. A trust based system (for people to be independent) meant the client had access to all the information about them and was given a copy of assessment etc. Peer workers were to play an educational role across all sectors.

This 'problem solving' system was to take client issues as they came up, not when the service provider said what they were going to do so.

Opening communication channels included developing mechanisms and training for clients to utilise information and communication technology including mobile phones and online help. Again, the assistance of peer workers in developing online chat functions, apps and peer led telephone support services (trained/lived experience) was cited.

The Partners in Recovery model would be useful as a major building block.

Recognising Commonalities and Building Collaboration

Breaking down silos through system integration and multi-agency collaboration and co-location would be underpinned by the development of a common data set and a common language.

Collaboration would be built between agencies, across sectors and up and down the various levels of staffing and governance.

City based agencies could learn much from the collaboration and cooperation practiced in rural areas.

Everyone's Business: Acknowledging and Developing Responsibilities and Accountabilities

Participants acknowledged that the mental wellbeing of presenting individuals was everyone's responsibility. Setting accountability included:

- Formalising roles within each system, rather than just leaving it to a nebulous 'core business' for change to happen.
- Including a KPI that formalised the position that there was no 'wrong door' to an assisted referral: it was everyone's business to make sure each person was linked in.
- Having a 'linked' team member within each organisation who could assist cross service referrals, making sure everyone had access to a service before being exited from the organisation. Alternatively, rather than one person have a 'linked-in' champion team in the agency.
- Assigning accountabilities and responsibilities to particular departments which were to be measured and reported on.
- Each agency to come up with two to three positive responsibilities.

Underpinning the active agreement of each sector in participating in the culture of 'everyone's business' would be the provision of a meaningful reason for that sector to invest in mental wellbeing.

Access

In developing a multi-agency pathway system with numerous access points, acknowledge that barriers existed and follow the pathways to service access to see where the barriers were in order to remove them.

Funding Resources

Participants sought recognition that the proposed changes needed "substantial funds to have legs". In exploring the time and resources required, consideration needed to be given to what funding was required, whether a central pool for distribution overseen by Premier and Cabinet was an option.

Transitional funding was required for moving from a system that focussed on illness to one that focussed on wellbeing.

The funding focus should include promoting the mental health of individuals, and early stages and prevention.

Discussion Three: Staying There

What support would be required to maintain your vision for an integrated mental health system for the health and wellbeing of South Australians?

- When thinking about what needs to happen to keep the vision alive what are a couple of key actions required over the longer term?

Leadership

Participants noted the role of leadership. NGOs needed to set the bar and force the government to follow suit. Training was to start from the top, with leaders educated to remain positive, "as people would follow them". There would be continuous improvement ("moving the goal posts") aligned with the population to maintain energy and evaluation.

Lived Experience

Consumers were recognised as experts in their own life. Nothing should be done without the input from their lived experience. The numbers of peer (lived experience) workers increased over time.

Strong Community Awareness

Central to the maintenance of an integrated mental health system was strong community awareness that stayed on agenda, reduced stigma, opened minds and helped others "to be better tomorrow than they were today". Ongoing campaigning would include:

- Mental health advertising like that of the Motor Accident Commission.
- Utilising social media platforms to meet youth and culture.
- PR community service announcements to educate the state. The PR needed to progress so that awareness increased and knowledge was built over time.
- Continued integrated learning and education through university and workforce training.
- Community events.

Everyone's Business: Responsibility and Accountability

Everyone had to be part of the solution because mental wellbeing was everyone's business. Responsibility and accountability measures included:

- Setting up accountability measures to keep things on track with lead indicators to show the outcomes of investment into mental wellbeing; for example undertaking a happiness survey for the South Australian workforce and consumers.
- The role of the SA Mental Health Commission to ensure the government remained accountable.
- KPIs that were linked into system reform to ensure organisations and stakeholders remained invested in working towards or maintaining an integrated mental health system.

Key Working Model

Participants recommended the development of a working model that looked at constant improvement; the constant evolution of things that had worked and things that had not worked. The model would build on achievements and actions, leading to moving targets forward so that it had longevity and continual development.

In particular the model would be evidence based. It would include strategies for integration and multiple avenues for early intervention.

Funding Resources

To maintain wellbeing, funding priorities needed to move to prevention and early intervention. As one participant stated, “Don’t wait until the crisis, until things are really wrong.” This was regarded as an investment for the longer term.

Funding for the longer term needed to consider what services were available, what funding they received, if any, and the longevity of such funding.

The Most Important Thing You Want To Say

Connectedness: no data systems that took up too much time: make technology able to help.

Creating a culture for a genuine multi-client directed approach, with mandatory integration subjects in education where students had to work on projects together to explore how that worked, how to build culture.

Undertaking a piece of work through public education on what we wanted to be as a society. Moving the emphasis to a “race to the top with aspiration to mental wellbeing”, rather than the current emphasis on poverty and neediness, on what was ‘right’ or ‘wrong’.

Build an outcomes process into departments to integrate their systems, to provide the money to deliver programs, to build accountability for each agency.

Have integration across the government leading to making responsibility for integration everyone’s business, everyone’s responsibility, with a linked team member to assist individual referral and checking that they are linked, not just on the organisation’s system.

Building connectiveness, with a shared language and shared aspiration about what we wanted to be as a society, what people’s contribution would be, leading to a system that made life easier not harder.

The Multiagency Pathway System (MAPS) was a good system where multiple agencies worked together to support people with domestic violence. Was there some way this kind of model could be used effectively in mental health?