

NSW Health Update

Regina Osten, A/Manager Prevention and
Community Partnerships

Mental Health Drug and Alcohol Office

NSW Health

NSW Youth Mental Health Service Model (YMHSM)

- part of a National & State commitment to MH.
- The model includes a range of services eg GPs, D&A workers and MH working together to create a seamless service.

Rationale

- Peak incidence and prevalence in the 15 – 24 year old age range.
- Young people often fall between the gaps between CAMHS & adult services, delaying appropriate intervention.
- Young people are unlikely to access MH services and receive professional help, even when the problems are severe.
- *The National Survey of Mental Health and Wellbeing (Mental Health of Young People 2000)* predicts a very high level of unmet need in this age group.

Aims of the YMHSM

- Strengthen mental health service access and delivery for young people between the age of 14-24.
- Reduce incidence, prevalence, severity and disability from mental disorders through evidence-based multi-component interventions that occur early in the development of mental health problems.
- Reorient health service provision for young people over time.
- Provide 'youth-friendly' flexible services for a range of mental health problems.

Parameters of YMHSM

- Age group: 14-24 years
- Reorient services by adding to existing early psychosis or youth mental health services
- Youth-friendly setting/s – multiple access points
- Cover a range of mental health problems, including psychosis, depression and anxiety
- Include mental health, GPs, D&A, employment – services brought together
- Early intervention & prevention focus

Funding of YMHSM

- In July 2006, \$1.4M allocated to NSCCAHS to establish a prototype model in Gosford to help guide develop across the state.
- From July 2007 - \$6.8M recurrent funding provided to Area Health Services to develop and implement youth mental health service model.

Progress of YMHSM

- NSCCAHS - 'Y' Central (Gosford) official launch in October 2008.
- YMHSM Advisory Group and Developers groups established.
- Given diversity of AHS and their respective models, 9 key principles endorsed which models must address. These include sustainable governance; promotion & prevention framework; early access; partnerships etc.
- AHS – identified key developer and preliminary proposals supplied (Feb 2008)
- Recruitment commenced in most AHS's towards the 63.5 new FTE's identified under the funding.
- Reporting to MHDAO on progress commenced August 2008

YMHSM - Types of models

Due to geographic, demographic, existing resources differences in AHS, models range from:

- fully integrated 'one stop shop' type of services (i.e. Y-Central)
- multiple service centre sites
- youth mental health clinicians co-located with existing teams
- mobile clinician services
- youth mental health workers attached to acute assessment teams to facilitate entry into MH services.
- YMHSM also collaborate with Commonwealth *headspace* sites with some models sharing co-located workers and services.

Care Coordination

- Targets people with severe mental health problems, particularly with complex and enduring needs and associated disabilities and/or complex and multiple service needs
- Is a framework (unfunded) coordinating care between COAG funded NGOs, Mental Health Services and GPs
- Clinical providers (MHS/GPs) are responsible for clinical management
- Community coordinators (eg PHaMs) are responsible for coordinating non-clinical services

Infant and perinatal mental health

- The implementation of the Families NSW (whole of government) strategy includes the reorientation of maternity and child and family health services to Families NSW principles to enable comprehensive assessment (including risk for poor psychosocial outcome) and depression screening for all women who are expecting or caring for a baby.

Infant and perinatal mental health (cont)

- The Primary Health and Community Partnerships Branch and Mental Health and Drug & Alcohol Office have collaborated to develop the *Supporting Families Early* package.
- The package contains policy and guidelines for NSW Health to identify vulnerable families through a non-stigmatising universal platform of primary health care services.
- Identification and operation of integrated care pathways for vulnerable families is achieved through the comprehensive primary care assessment model which comprises: SAFE START; the provision of maternal and child primary health care services; and Universal Health Home Visiting.
- The SAFE START model comprises assessment of risk for poor psychosocial outcome and depression screening during the first contact with the health service during the antenatal period, and again after the baby is born.

State wide 24/7 Telephone Access Line

- June 2006 in *NSW: A new direction for Mental Health* the Premier made a commitment to a 24-hour NSW mental health telephone access line which would provide an advice, triage and referral service - staffed by mental health clinicians and linked to the National Health Call Centre Network (NHCCN).
- NSW Health commenced the Statewide Mental Health Telephone Access Line (SMHTAL) Program.
- The aim of the Program is to provide a single statewide mental health phone number to facilitate access for the people of NSW to appropriate MHS. The service will operate across all age ranges. The SMHTAL will be a useful resource for GPs seeking mental health information, advice and triage.

State wide 24/7 Telephone Access Line (cont)

- The SMHTAL objectives and requirements will be met by linking the statewide number directly to AHS intake.
- It will be implemented in 2 Stages.
- **Stage 1** will see the establishment of a state wide 1800 telephone number. The detailed design for this has commenced. Calls to the 1800 number will be answered by a message presenting three options:
 - Hang up and dial triple-0 if the call is an emergency.
 - Press '1' for general health advice and information about mental health services. These calls will be routed to *healthdirect* Australia.
 - Stay on the line to speak to a MH professional if you require a mental health service. These calls will be routed to the caller's nearest AMHS intake point.

State wide 24/7 Telephone Access Line (cont)

- Concurrently, planning is underway with AHSs to identify processes to best assist them to improve consumer access to their mental health telephone triage services.
- **Stage 2** will develop and improve the quality of triage services provided by each AHS and provide support to all AHSs so that local services conform to state wide performance standards. Day to day operations will be reviewed consistently and quality improvement practices put in place.
- It is anticipated that the SMHTAL Improvement Project will be completed in a sequence which will see Stage 1 commencing in early 2009 and Stage 2 rolling out across the State during 2009.

Community Emergency Mental Health Program (ComHEC)

- The aim of the ComMHEC program is to increase the capacity of mental health services to respond to acute mental health events and emergencies in the community, particularly out of hours.
- Key objectives include:
 - improved access to assessment and care;
 - improved safety for patients, carers and service providers; and
 - improved coordination amongst service providers involved in acute and emergency care.

Community Emergency Mental Health Program (ComHEC)

- The model aims to provide a minimum service standard coverage of two specialist mental health staff available to coordinate assessment and treatment of mental health emergencies in the community 16 hours a day, 7 days a week and on-call cover for beyond these hours.
- The enhancement to community mental health response capacity will mean that mental health staff will be able to provide support to partner agencies, including police, ambulance, and GPs in responding to emergency mental health situations in the community.

Community Emergency Mental Health Program (ComHEC)

- To ensure sustainability, AHS have developed tailored service delivery, linking in with existing models of care and to reflect local profiles and needs; for example:
 - allocation of positions to existing community acute extended-hours services;
 - contributing an outreach component to Psychiatric Emergency Care Centres (PECC), the 4 – 6 bed specialist mental health units sitting along side emergency departments which can admit mental health patients for up to 48 hours for observation and immediate care; and
 - contributing an outreach component to Rural Critical Care Services which provide access to mental health support for smaller rural emergency departments through resource hubs offering video and teleconferencing facilities

Community Emergency Mental Health Program (ComHEC)

- In 2007/08 ComMHEC funding was used to align services to the current PECC sites in metropolitan Sydney, and likewise for the rural base sites. As at February 2008, 55.7 FTE mental health staff have been recruited across the State under this Program.
- During 2008/09 and 2009/10 ComMHEC funding will target hospitals servicing major population centres across the State to ensure 24/7 community emergency response capacity.

Contact Details:

Regina Osten

A/Manager Prevention and Community Partnerships

Ph 9391 9301

regina.osten@doh.health.nsw.gov.au