Mental Health Network Open Day

Summarised Workshop Report

Tuesday, 26 February 2019

Engage | Learn | Inform | Improve

Overview

Over 150 stakeholders from the Western Australian mental health sector gathered for the Mental Health Network (MHN) Open Day on Tuesday, 26 February 2019 at The RISE in Maylands.

The objectives of the 2019 MHN Open Day were to:

➢ Engage current and future members in the work of the MHN;
➢ Update members and attendees of reform developments the MHN may engage with;
➢ Inform current and potential members of enhancements to the MHN and opportunities for participation; and
➢ Discuss service integration priority areas for the MHN into the future.

Process

Following a number of presentations, the participants worked in small groups throughout two workshop sessions covering system integration for Mental Health and Alcohol and Other Drugs (AOD) separately. Each workshop session concluded with a whole of group plenary discussion.

The focus questions for each workshop were:

In terms of improving service integration within the (mental health or AOD) sector,

➢ *What specifically have you seen or learnt that works well?*
➢ *What are the current obstacles?*
➢ *What practical and ready opportunities exist?*

This report captures the common themes and summarised responses of the workshop participants only and does not include all of the detailed comments and statements captured on the day. The MHN Co-Leads will be utilising the detailed commentaries of the workshop to influence and support future initiatives of the MHN. It was noted by the MHN Co-Leads, that the similarities in the participants responses pertaining to Alcohol and Other Drugs and Mental Health, were overwhelmingly clear.

Summary of Common Themes

A collaborative, approach to care was suggested by the open day attendees for both mental health and AOD services. The common themes have been separated into the following subheadings and are all underpinned by a strong collaboration of services/departments as well as vast and diverse stakeholder engagement.

- Clinical Care
    - Shared care, multidisciplinary team and co-location approach
    - Integration of services
    - In reach and consultation liaison approaches
    - Simplified referral pathways and suits of services
- Networking, Strategy, Policy, Planning
    - Co-design with all parties involved, especially consumers, carers and families
    - Police and Mental Health co-response team initiative
    - Integration of AOD and Mental Health
    - Clear Government commitment, direction and funding
- Education, Knowledge and Information Sharing
    - Service to service networking/information sharing (including regional, community and cultural services/networks) opportunities to share ideas and learnings (open and honest relationships)
    - Knowledgeable and skilled staff who are well trained and supported backed by peer support models
    - Prevention and early intervention efforts
    - Awareness raising and health promotion campaigns for AOD

WHAT WORKS WELL?

Mental Health

The common themes raised by participants were:

- ➤ **Clinical Care**
    - o **Shared care, multidisciplinary team (MDT) and co-location** approaches
    - o **In reach and consultation liaison** approaches
    - o **Integration of AOD and Mental Health** services
    - o Holistic care approaches i.e. keeping **mother and baby units together**
- ➤ **Networking, Strategy, Policy, Planning**
    - o Service to service **networking opportunities** to share ideas and learnings
    - o Ensuring **co-design** with all stakeholders involved, especially consumers, carers and families
    - o Working with **community and cultural networks**
    - o Police and Mental Health **co-response team** initiative
    - o **Regional networks and alliances** with shared information and pooled resources
    - o Clear **Government commitment**, direction and funding
- ➤ **Education, Knowledge and Information Sharing**
    - o Knowledgeable and **skilled staff** who are well trained and supported
    - o Open and honest relationships and **information sharing** between services
    - o **Prevention and early intervention** efforts
    - o **Peer support** models and workers
    - o **Communication - taking the time to understand** people's ability and resources to act on what they're learning or being asked to do

Alcohol and Other Drug

The common themes raised by participants were:

- ➤ **Clinical Care**
    - o **Holistic person centred approaches** to physical health, cultural healing etc. supported by MDTs
    - o **Colocation or in-reach** into mental health services and health services
    - o **Simplified referral pathways** and suites of services
- ➤ **Networking, Strategy, Policy, Planning**
    - o Integration with **communities, community services and settings**
    - o **Local networks** and MoU relationships
- ➤ **Education, Knowledge and Information Sharing**
    - o **Consumer involvement** in education, advisory functions and peer support models
    - o **Upskilling clinicians and health providers** to have the conversations and understand the person properly
    - o Awareness raising and **health promotion** campaigns for AOD

WHAT ARE THE OBSTACLES?

Mental Health

The common themes raised by participants were:

➢ **Clinical Care**
- o **Poor continuity of care**, gaps in transitions between services and unclear referral pathways
- o **Imposed time limits** and discharge targets in services work against recovery
- o **Waitlists**, delays and bottlenecks for accessing services
- o Limited **rural and remote access** to services

➢ **Networking, Strategy, Policy, Planning**
- o Short term, activity based competitive **funding models** that don't incentivise integrated care
- o **Reactive service developments** without forward vision, clinical or consumer input, adequate planning or evidence based decisions
- o **Overworked and unbalanced workforce** compounded by recruitment freezes, loss of specific mental health skills and casualisation of the workforce
- o **Siloed approach across Government** agencies and with the non-Government sector
- o **Lack of accountability** and performance measurement in the sector
- o **Lack of meaningful engagement** with consumers, carers and families
- o **Tokenistic processes** for involving CALD and Aboriginal people
- o Poor integration with the **justice system and prison setting**

➢ **Education, Knowledge and Information Sharing**
- o **Lack of leadership** and consistency across the sector
- o **Lack of information sharing**, driven partly by privacy legislation concerns
- o **Stigma and discrimination** of complex individuals with co-occurring conditions or situations (e.g. AOD, homeless, violent)
- o An inadequate understanding of the current **system**
- o **Too crisis focused** with little investment in mental health literacy, prevention and early intervention

Alcohol and Other Drug

The common themes raised by participants were:

➢ **Clinical Care**
- o **Service access obstacles**, particularly wait lists and low thresholds for drug use or criminal histories
- o No clear **pathways after prison release**
- o **Harmful prescription practices**

➢ **Networking, Strategy, Policy, Planning**
- o **Separation of Mental Health and AOD** governance and services
- o Housing and other **socio-economic factors** not being addressed
- o **Peers, families and carers not included** or recognised for their contributions

- o **Too much talk**, too little action
- o Clients having to **retell their stories**

➢ **Education, Knowledge and Information Sharing**

- o **Competitive tendering and funding** driving a division of services and a lack of information sharing
- o **Stigma**, judgemental attitudes, discrimination and criminalisation
- o **Lack of information** and understanding of causes for AOD conditions
- o Lack of AOD specific and **appropriate training and information**

WHAT ARE THE OPPORTUNITIES?

Mental Health

The common themes raised by participants were:

➢ **Clinical Care**

- o Increase **person centred principle**s and approaches across the sector
- o Increase peer based **navigation support and case management roles** plus provide **simpler one-stop shop** / no wrong door access
- o Drive **cross agency collaboration** for a more holistic approach

➢ **Networking, Strategy, Policy, Planning**

- o Refine the existing **system governance model** to drive greater integration within the mental health sector and across the state
- o Incorporate **lived experience** into every aspect of the sector
- o Utilise **innovative technologies** and platforms for greater integration
- o Redesign **funding models** to encourage and incentivise collaboration within the sector
- o Greater integration with **primary care**

➢ **Education, Knowledge and Information Sharing**

- o Increase **opportunities to network** and share formal and informal learnings
- o Increase **training and workforce** development opportunities
- o Invest in **prevention and early intervention** strategies
- o Improve **research and evaluation** focus
- o Reduce **stigmas** surrounding access to services and within the community

Alcohol and Other Drug

The common themes raised by participants were:

➢ **Clinical Care**

- o Increase **trauma informed care** approaches

➢ **Networking, Strategy, Policy, Planning**

- o Ensure greater involvement of, and support for, individuals with lived experience, peers, carers and families in **co-designing and co-producing** pathways and services
- o **Integrated governance and commissioning** of AOD, mental health and health services through a common model

- Better **integrate the AOD sector with other sectors**, especially Mental Health and NDIS
- Increase **system navigator and peer support roles** to assist individuals to integrate across systems
- Trial and build on successful **programs tailored** to specific community and cultural needs

➢ **Education, Knowledge and Information Sharing**

- Increase **training and capacity building** opportunities to embed AOD skills and co-occurring AOD/MH knowledge in existing services
- Raise **broader community awareness** and deliver education to address stigma and encourage earlier intervention
- Increase **online directories**, support and opportunities to improve access in the early stages
- Increase opportunities for services to **share client and service information**
- Provide safe and meaningful **spaces for people to connect**