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An Australian Government Initiative  
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## MENTAL HEALTH & ALCOHOL AND OTHER DRUGS SERVICE REFORM

Summary of consultation findings

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**Postal** PO Box 313 Torrensville Plaza SA 5031  
**Office** Level 1, 22 Henley Beach Road Mile End SA 5031  
**Phone** 08 8219 5900 Fax 08 8125 6691  
**Email** [enquiry@adelaidephn.com.au](mailto:enquiry@adelaidephn.com.au)  
[www.adelaidephn.com.au](http://www.adelaidephn.com.au)

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## Introduction

The Adelaide PHN is committed to improving the efficiency, effectiveness and coordination of primary health services across the Adelaide metropolitan region, spanning from Sellicks Hill to Angle Vale and between the foothills and the sea, encompassing a community of approximately 1.2 million people. Adelaide PHN is not a service provider but is responsible for commissioning services to best address local needs. Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of improving health outcomes for the community.

Adelaide PHN has deliberately chosen to jointly approach reforms across both mental health and alcohol and other drug sectors to acknowledge comorbidities that often occur with mental health and addiction, and to increase access to services.

### Mental Health Reform

The Australian Government recently announced reforms to primary mental health care, to be rolled out over a three year period between 2016 and 2019. The reforms included a number of measures, most significantly, the rollout of a *Stepped Care Model* of primary mental health services.

Adelaide PHN has welcomed the opportunity to be innovative in developing a more responsive, focused and effective system.

Further information about the Commonwealth Reforms can be found at [www.health.gov.au](http://www.health.gov.au).

### Alcohol and Other Drugs Reform

The Australian Government has developed a comprehensive package of action to tackle the problem of ice (crystal methamphetamine) and alcohol and other drugs through the delivery of locally-based and targeted solutions. Of particular importance to PHNs, the Australian Government has decided to improve access to treatment, and ensure our workforce is supported to deliver effective and flexible treatment approaches.

Further information about the Commonwealth Reforms can be found at [www.health.gov.au](http://www.health.gov.au).

## Adelaide PHN approach to engagement and consultation

To commence the consultation process, three public forums were held in February 2016 to discuss Mental Health and Alcohol and Other Drugs (MH&AOD) reform, and encourage wide participation in the process. Over 320 service providers and community members attended indicating a high level of interest, excitement and commitment to the reform process.

Additionally, the Adelaide PHN created an online platform to enable service providers, consumers and other interested parties to actively contribute to an online conversation about MH&AOD service reform, and provide information regarding consultation outcomes and MH&AOD data. The Adelaide PHN MH&AOD Online Platform can be accessed here: <http://forum.adelaidephn.com.au/index.php>

An intensive consultation process was undertaken between February to March 2016 involving 210 people, aimed at improving the relevance and quality of commission processes for MH&AOD services. The consultation activities included online surveys; workshops with relevant sectors, service providers, consumers, carers, community organizations, specialist groups, and other interested parties (government and non-government); and the formation of a Working Advisory Group. The consultation methodologies and target groups are summarized in Table 1 – Consultation Methods and Target Groups.

**Table 1 – Consultation Methods and Target Groups**

Consultation Method	Description of methodology	Target Groups
<p>Enzyme Workshops – Value Discovery</p> <p>(run by the Enzyme Group: <a href="http://www.enzymegroup.com.au/">http://www.enzymegroup.com.au/</a>)</p>	<p>There are five steps in the overall process:</p> <ol style="list-style-type: none"> <li>1. <b>Positioning</b> – Participants introduced to the context, background and topic under review.</li> <li>2. <b>Discovery</b> – Relevant open-ended questions asked and participant’s thoughts recorded in workbooks in silence.</li> <li>3. <b>Integration/Synthesis</b> – Participants record six (6) most important Irritants/Value Factors onto Stikki sheets. Selection of most important individual ideas to develop common themes using an ‘affinity diagram’ technique.</li> <li>4. <b>Prioritisation/Ranking</b> - Headings for each theme sets are entered into the computer for electronic voting by participants on most important Value and Opportunity Factors - participants prioritised a list developed by themselves. Staff from the Adelaide PHN were involved in the workshops as Observers and with the analysis of the results.</li> <li>5. <b>Interpretation/Impact</b> – Results analysed and results presented in graphs and Pareto charts, reflecting the participants overall experience with MH&amp;AOD care and support services. Results presented the most severe Irritants (Issues) as identified by participants and how often Irritants occur, as well as the most important Value Factors (Opportunities) and the current performance of the system in meeting participant’s needs.</li> </ol>	<ul style="list-style-type: none"> <li>• Aboriginal community</li> <li>• Consumers and carer’s (x3)</li> <li>• Community organisations</li> <li>• General Practitioners</li> <li>• Psychiatrists</li> <li>• Working Advisory Group</li> <li>• Executive Management Team</li> </ul>
<p>Community Advisory Committee Workshop – Appreciative Inquiry</p> <p>(run by Adelaide PHN)</p>	<p>The “<i>Appreciative Inquiry</i>” (AI) methodology has a twofold purpose:</p> <ul style="list-style-type: none"> <li>• Appreciation – to recognize and value the contributions or attributes of things and people around us.</li> <li>• Inquiry – to explore and discover, in the spirit of seeking to better understand, and being open to new possibilities.</li> </ul> <p>It enables discussion to focus on possibilities not problems, and encourages the discovery of more effective, positive ideas for the future through a five (5) phase approach: “<i>Define</i>”, “<i>Discovery</i>”, “<i>Dream</i>”, “<i>Design</i>” and “<i>Deliver</i>”/”<i>Destiny</i>”.</p>	<ul style="list-style-type: none"> <li>• Northern CAC</li> <li>• Central CAC</li> <li>• Southern CAC</li> </ul>
<p>Clinical Council Workshop – Appreciative Inquiry</p> <p>(run by Adelaide PHN)</p>	<p>The workshop was based on an appreciative enquiry approach, identifying elements of the current systems that do work well, drawing from the knowledge and experience of participants.</p>	<ul style="list-style-type: none"> <li>• Northern Clinical Council</li> <li>• Central Clinical Council</li> <li>• Southern Clinical Council</li> <li>• Comprising GPs, Medical Specialists, Allied health, Aboriginal health, Nursing, and Pharmacy.</li> </ul>
<p>Survey Monkey – Online Survey</p> <p>(run by Adelaide PHN)</p>	<p>Online survey consisting of four questions.</p>	<ul style="list-style-type: none"> <li>• APHN Membership/ Governance Groups,</li> <li>• General Practices, Practice Managers, Practice Nurses</li> </ul>

## Consultation Activities

The consultation activities and findings are summarized to reflect the perspectives of the following target groups:

### Consumers and Carers

- Online survey including APHNs three Community Advisory Committees (CACs) and consumer and carer representatives from the APHN Consumer & Carer Health Priority Group (HPG);
- Facilitated workshop with APHNs Northern, Central and Southern CACs;
- Facilitated workshop with consumers and carers from across metropolitan Adelaide;
- Facilitated workshop with representatives from the Aboriginal and Torres Strait Islander community.

### Health Professionals

- Online survey including General Practice (GPs, Practice Nurses and Practice Managers);
- Online survey including APHNs three Clinical Councils (CCs) and seven HPGs;
- Facilitated workshop with members of Northern, Central and Southern CCs;
- Facilitated workshops with special interest groups: Psychiatrists, GPs, Community Organisations;
- Facilitated workshop with an Advisory Working Group comprising representatives of key MH&AOD service providers.

In addition, the Enzyme Group facilitated a consolidation workshop with Adelaide PHN staff to consider all the consultation findings and identify opportunities arising to move forward.

## Summary of findings

### Consumer and Carer Workshops

#### Aboriginal and Torres Strait Islander Community Workshop

The four key Issues and Opportunities identified by Aboriginal consumers, carers and service providers are underpinned by factors related to cultural awareness, cultural training and access to culturally appropriate services.

Issues	Opportunities
I am treated with a lack of compassion and understanding	Increased number of Aboriginal workers
Not enough Aboriginal people employed in services	Early intervention and adolescent programs
Can't access the right service	Ongoing funding and support for Close the Gap (CTG)
Lack of communication between service providers	Culturally appropriate rehabilitation services and centre

#### Regional Consumer and Carer

Three workshops were conducted with consumers and carers within the northern, central and southern regions of metropolitan Adelaide. Each workshop identified the top three Issues and Opportunities for their respective area.

A consolidation workshop followed using the Issues and Opportunities identified by the three Consumer and Carer workshops to provide the top three consolidated Issues and Opportunities, primarily underpinned by themes related to an appropriately skilled and empathic primary health workforce.

#### a) Consumer and Carer Workshops – Consolidated

Issues	Opportunities
Lack of appropriately skilled and empathetic staff	Staff who are competent, empathetic, approachable and respectful
Poorly coordinated, confusing and non-integrated system	Ongoing care and support for those living with chronic and persistent MH&AOD needs
Inadequate, poor quality ongoing care and follow-up	Access to responsive, round-the-clock service

#### b) Consumer and Carer Workshops – Additional Regional Issues and Opportunities

The following additional Issues and Opportunities were identified by the regional groups.

Issues	Opportunities
Inadequate, poor quality ongoing care and follow-up (North, South)	Integration & coordination of all services (Central)
Lack of crisis & afterhours support in the community (Central)	Family/Carers supported and involved in management plan and care (Central)
Waiting too long for primary & tertiary care (South)	Sustainable funding & affordability (South)

## Community Advisory Committee Consultation Workshop

Adelaide PHN facilitated a joint CAC Workshop with the Northern, Central and Southern CAC members. The four key principles and elements of service delivery that address consumer and carer needs in regards to mental health, and alcohol and other drug services were:

- **Respect, Safety, Appropriateness and Timeliness:** Consumers' need to feel respected and safe within the MH&AOD system and to receive services that are appropriate in a timely manner to prevent escalation;
- **Service Connection, Continuity and Integration:** A system that enables service provision to be integrated between services ensuring continuity of care;
- **Funding, Workforce and Quality:** Sustainability and longevity of a service ensuring a highly skilled workforce that provides good quality, accessible and affordable care;
- **Client and Carer Support, and Advocacy:** Enabling consumers and carers to be part of the decision-making processes in relation to care.

## Health Professional Workshops

### Community Organisation Workshop

The Community Organisation Workshop comprised representatives from Government and Non-Government Organisations (NGOs) who are not specifically MH&AOD services, but work extensively with consumers with mental health issues and alcohol and other drug addictions. The Issues and Opportunities included non-flexible pathways and a confusing system for the most vulnerable and at-risk consumers.

Issues	Opportunities
Lack of collaboration and coordination in a dysfunctional system	Funding – transparent, sustainable and responsive to community needs
Huge gaps in services available	Seamless, collaborative, integrated service, within and across
Unresponsive to circumstances of individuals	Flexible, client-led care and service

### General Practitioner Workshop

The four key Issues and Opportunities identified by General Practitioners are based on factors such as inadequate referral pathways; lack of detailed clinical handover between service providers and lack of continuity of service provision.

Issues	Opportunities
Difficulty accessing services and expertise	Ease of finding and referring to service
Poor MH&AOD service quality	Care coordination, continuity of care and follow-up for chronic needs
Lack of feedback and follow-up to the GP	People focused service (client and worker satisfaction)
Lack of continuity of care	GP kept informed and consulted as part of the team

### Psychiatrist Workshop

The four key Issues and Opportunities identified by Psychiatrists are based on factors such as poor communication between public and private service providers; inadequate resourcing for children and young people; poor social supports and lack of staff capabilities to service MH&AOD clients.

Issues	Opportunities
Lack of timely access to appropriate services	Early Life Services
Lack of integrated coordinated services	Easy, seamless access to a continuum of care
Poor staff attitudes, capabilities and lack of resourcing	A training and learning organisation
Inadequate early life and adolescent services	

## MH&AOD Advisory Working Group Workshop

The MH&AOD Advisory Working Group was comprised of MH&AOD and other health service stakeholders to identify and prioritise the Issues, Blockages, Risks, Challenges, Opportunities and Critical Success Factors involved in the successful response to, and implementation of the Federal Government reforms for MH&AOD.

The three top Opportunities were identified as:

- An improved, comprehensive and coordinated model of care
- Consumer-centred pathways to care
- Culturally competent MH&AOD services.

## Clinical Council Consultation Workshop

Adelaide PHN facilitated a joint Clinical Council Workshop with the Northern, Central and Southern CC members. Attendees include GPs, Medical Specialist, Allied Health, Aboriginal Health, Nursing and Pharmacy.

The ten (10) elements for a well-functioning MH&AOD system were identified as:

- Flexible, patient centred community-based service for urgent care, regardless of co morbidities
- Simple system access, referral and treatment for consumers and providers
- Health Service model that addresses MH, AOD, social, cultural and physical health needs
- Care navigation – enabled by formal agreements
- Clinical handover mechanisms across services
- Carer involvement as part of the treating team, carer support
- Social and community services which recognise and respond to MHAOD needs of clients
- Service size, structure and workforce balanced to be expert and also local
- System that encourages community independence and empowerment
- Accountability mechanisms for health outcomes.

## Consumer, Carer and Health Professional Surveys

The Adelaide PHN Membership Groups (CACs, CCs and HPGs) were invited to complete a short online survey. In addition, the General Practice sector, including General Practitioners, Practice Nurses, Practice Managers and others were separately invited to complete the same online survey.

### Key themes

The key themes identified from the on-line surveys are defined as follows:

**Navigation, Care Transition and Pathways:** hand-over of a client or patient to other services in an effective clinical manner with a level of ease.

**Stigma, Appropriateness and Timeliness:** consumers' need of not being stereotyped within the MH&AOD system and receiving services in a timely manner to prevent escalation.

**Service connection, Continuity and Integration:** a system which enables service provision to be integrated between services ensuring continuity of care.

**Funding, Workforce and Quality:** quality standards, funding and workforce related needs and opportunities from a provider/system perspective.

**Care Coordination and Collaboration:** timely and appropriate person-centred care is provided through a coordinated approach. Multi-disciplinary team care is provided through collaboration and direct communication among service providers.

**Respect, Safety, Appropriateness, Timeliness:** a coordinated and multi-disciplinary approach to care whereby the consumer feels respected, safe, and is receiving services that are appropriate in a timely manner to prevent escalation.

**Client and Carer Support, and Advocacy:** consumers receive support and advocacy to receive the best care available.

**Physical Access and Affordability:** consumers can access services without transport and cost barriers.

In response to the survey questions, the Membership Group and General Practice respondents most frequently mentioned issues related to themes shown below.

*In your experience or opinion, what would improve mental health and alcohol and other drug services in metro Adelaide?* The top three responses were:

Membership Groups	General Practice Sector
Navigation/Care Transition/Pathways	Navigation/Care Transition/Pathways
Stigma/Appropriateness/Timeliness	Service connection/ Continuity/Integration
Funding/Workforce/Quality	Care Coordination/Collaboration, and Respect/Safety/Appropriateness/Timeliness

*What would improve the experience for people accessing and using mental health and alcohol and other drug services?* The top three responses were:

Membership Groups	General Practice Sector
Stigma/Appropriateness/Timeliness	Physical Access/Affordability
Navigation/Care Transition/Pathways	Navigation/Care Transition/Pathways
Client/Carer Support and Advocacy	Service Connection/Continuity/Integration

Respondents were also asked to rank the six national considerations outlined by the Commonwealth Government for MH&AOD reform. The top three ranked items were:

Membership Groups	General Practice Sector
Person-centred care funding on the basis of need	Effective early intervention across the lifespan and across the care continuum – shifting the balance to provide the right care when it is needed
Effective early intervention across the lifespan and across the care continuum – shifting the balance to provide the right care when it is needed	Person-centred care funding on the basis of need
Delivering the services within a stepped-care approach – better targeting services to meet the needs	Delivering the services within a stepped-care approach – better targeting services to meet the needs

## Overall key findings

The consultations undertaken by Adelaide PHN from February to March 2016, provided rich information from a range of community, consumer and service provider perspectives.

Consumers and carers clearly highlighted the importance of empathetic, skilled health service providers across all roles, who can consistently make consumers feel valued and respected. In addition, Aboriginal community members highlighted the importance of employing Aboriginal workers to enhance culturally appropriate service provision.

Consumers, carers, health professionals and community organisations all discussed the need for visible, recognisable, connected MH&AOD service systems with communication, clinical handover and team care among professionals: easy, seamless access to a continuum of care. All groups stressed the importance of appropriate and timely responses to individual and varied client needs as they present including children, youth, older people, people with disability, people with co-morbidities, CALD communities and people at different stages of crisis and urgency.

## Where to from here?

At the Adelaide PHN staff consolidation workshop all consultation findings were considered to determine the three key initiatives over the next twelve months to inform the development of the Adelaide PHN commissioning of Mental Health & Alcohol and Other Drugs programs and services.

The three key initiatives were:

- Rebuilding the system to focus on a stepped care continuum for those who need it most
- One point of referral
- Communication and change management.

The consultations undertaken by Adelaide PHN will inform the:

- Development of a Mental Health and Alcohol and Other Drugs Request for Proposal (RFP) released in April 2016
- Adelaide PHN Needs Assessment, to inform our ongoing commissioning of programs and services
- Mental Health and Alcohol and Other Drug service organisations, as they develop their responses to the RFP
- Adelaide PHN Membership Groups and Board
- The broader Adelaide community.

Consultations are ongoing and results of these will also be published on our website as they become available and will inform the co-design process over the next three years.