



TOWARDS WELLNESS

Adelaide
Metropolitan
Integrated
Mental Health
& Suicide
Prevention Plan

Forward

The Fifth National Mental Health and Suicide Prevention Plan was endorsed by the Australian Government and state and territory health ministers in August 2017. The plan formally commits Primary Health Networks and the Local Health Networks to work together to develop regional mental health and suicide prevention plans.

This five year Regional Plan is an agreement on how Adelaide Primary Health Network, Northern Adelaide Local Health Network, Central Adelaide Local Health Network, Southern Adelaide Local Health Network and Women's and Children's Health Network will work together to strengthen the integration of mental health and suicide prevention health care within the Adelaide metropolitan region.

The Regional Plan presents our organisations with the opportunity to make significant system improvements as we develop more coordinated and joined up services; to ensure people with mental health conditions, or those at risk of suicide and their carers, have a more seamless journey as they access the right care, at the right time.

The Regional Plan was developed through extensive consultations with the community, stakeholders and people with lived experience of mental health conditions and their carers. It establishes a platform from which we will engage with other key agencies and stakeholders in the pursuit of shared priorities and objectives.

We would like to extend our sincere thanks to all individuals and organisations who have contributed to this Regional Plan. We look forward to working with you as we begin the implementation of the Plan.



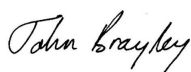
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1. Executive Summary

The Adelaide metropolitan region is home to over 1.2 million people and is comprised of one Aboriginal nation and 17 local government areas. It is a region characterised by contrasting needs, with the highest rates of mental health conditions and suicide predominantly in the outer north and south of the region. Fewer services in these outer areas makes access to care limited. Funding and resources to address these concerns are finite.

A national review confirmed that there is a need for improvement in the way Australia's mental health system is planned and integrated to more adequately meet the needs of people and their carers. The review's findings reflect the concerns of the Adelaide metropolitan mental health sector, identified during the preparation of the Plan, where siloed service provision lacks coordination and integration. Key service providers have come together to explore ways to address these issues at a regional level. The Plan has provided an opportunity to build on the sector's strengths, establish new connections and pathways between services, and foster a more person centred approach to care. The outcome is the Towards Wellness Plan 2020-2025 (TWP).

The Plan outlines the shared commitment of agencies involved in mental health care in the region, including the Adelaide Primary Health Network, Central Adelaide Local Health Network, Southern Adelaide Local Health Network, Northern Adelaide Local Health Network and Women's and Children Health Network and the Office of the Psychiatrist to achieve the objectives of the Plan.



Ongoing leadership meetings between service partners allowed for the setting of regional priorities, objectives and actions for integration. The Plan comprises of six areas of focus:

1. **Suicide Prevention** - reducing suicide through the implementation of a Towards Zero Suicide approach to service delivery, and the co commissioning of The Way Back Support Service to improve timely follow up after a suicide attempt.
2. **Youth** - improving access and coordination of Adelaide PHN commissioned services for youth (12- 25 years) with chronic and complex (severe) mental health conditions, through the development of step up and step down pathways between the Integrated Practice Units and the Local Health Networks. The feasibility of a single point entry to improve overall access to regional youth services will also be explored.
3. **Adults with Chronic and Complex (Severe) Mental Health Conditions, Including Physical Health** – improving the coordination of services provided by Adelaide PHN, the Central Adelaide Local Health Network and Northern Adelaide Local Health Network to adults with chronic and complex (severe) mental health conditions through joined up services, coordinated case planning and the provision of care packages.
4. **Aboriginal and Torres Strait Islander People** - the development of an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan, together with our Aboriginal and Torres Strait communities, through a State and Commonwealth approach, as a way of guiding service delivery and integration.
5. **Service Quality and Improvement** - ensuring a consistent approach to patient outcome and experience measures between partner services when evaluating services.
6. **Older People** - establish an Older People Community of Practice Forum to develop a coordinated State and Commonwealth approach to improving access and service delivery for older people with mental health conditions.

The Plan also acknowledges the processes required to implement the objectives of the Plan through the development of a governance structure and strong leadership to foster a culture of collaboration that sustains implementation over time.

The TWP provides an opportunity for services in the region to commence working together for the first time towards agreed objectives. The Plan recognises that relationships and system change take time as a new ethos and culture of collaboration is formed, and subsequent plans developed.

2. Introduction

‘Mental health and wellbeing is more than the absence of mental health conditions... it is a state in which a person has the skills and resources to navigate adversity, meet their needs, and live a way they find meaningful.’

(SA Mental Health Strategic Plan 2017-2022)

Each year it is estimated that more than 3.6 million people in Australia (aged 18-65) and 560,000 children and adolescents (aged 4-17) experience mental health concerns (DOH 2017). At some point in their lives, 45% of South Australians will experience a diagnosable mental health condition (DHW 2019). During a twelve month period, one in five or nearly 240,000 people living in the Adelaide metropolitan area are likely to be affected by a clinically significant mental health concern (UOQ 2016).

A national review of mental health services identifies that the mental health system in Australia has fundamental structural deficiencies (NMHC 2014). Services are fragmented and delivered within a complex system that involves multiple providers often operating in isolation of each other (NMHC 2014). The mental health sector in the Adelaide metropolitan region reflects the concerns of the rest of the country as services operate in isolation and lack coordination and integration. For consumers and carers, a fragmented system creates frustration and poor treatment outcomes, leading to unfulfilled potential in terms of wellbeing and capacity for meaningful contribution to society.

There have been many plans developed at a national and state level, but this is the first time a plan has been prepared for joint regional action and collaborative service development between Adelaide Primary Health Network and Local Health Networks. Developing a more integrated person centred care system has the potential to generate significant benefits to the health and health care of all people. These benefits include improved health, clinical care and access to care, reduced overall costs and increased efficiency of services (WHO 2016).

The need for coordinated and integrated care is recognised in both national and state mental health commission reports which articulate the need for ‘services that work better together’ (SAMHC 2017). Under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) all governments have formally committed to working in partnership to develop locally planned and commissioned mental health services; the Commonwealth committing to this through the Primary Health Networks and the states through the Local Health Networks (DOH 2017).

In response to the Fifth Plan and recognition of the critical importance of integrated services, the Adelaide Primary Health Network, Local Health Networks and stakeholders in the Adelaide metropolitan region have collaboratively worked to develop this Plan. The purpose of the regional strategy is to:

- o Articulate a system wide vision for the future provision of services in the Adelaide metropolitan region.
- o Provide a platform to progress collaborative regional planning and joint commissioning of services.
- o Identify key priorities for system and service development.

The TWP focuses on improving coordination of care for consumers and carers through the collective advancement of integration along a stepped care continuum; transitioning from only a few coordinated services to a position of more comprehensive integration.

2.1 The Plan

The TWP is a blueprint for collaborative action for mental health service development over the next five years (2020 – 2025) to reduce the impact of mental health conditions and suicide within the Adelaide metropolitan region. It identifies how partners and stakeholders will work together to address shared priorities and put in place coordinated and joined up systems and pathways for people with mental health conditions or at risk of suicide. The Plan outlines the values, principles, frameworks and models of care that have underpinned the development of the Plan and will guide its implementation and evaluation. The Plan emphasises practical solutions and actions that will bring about real change in the way services are coordinated and delivered. It will provide a timeline for action and identify who will be responsible for making the change happen.

The Plan emphasises service delivery across the lifespan, taking into account the diverse health and social needs during perinatal, infancy, childhood, adolescence, adulthood and older age. It will address the needs of people across the mental health stepped care spectrum from prevention, early intervention, to chronic and complex (severe) mental health conditions.

2.2 Developing the Plan

The TWP was developed with the advice of a joint steering committee that included the senior mental health leads from Adelaide PHN, Central Adelaide Local Health Network (CALHN), Southern Adelaide Local Health Network (SALHN), Northern Adelaide Local Health Network (NALHN), Women's and Children Health Network (WCHN), SA Health, South Australian Mental Health Commission (SAMHC) and the Office of the Chief Psychiatrist (OCP).

The Plan was also informed by data and evidence from several sources, including the National Mental Health Services Planning Framework (UOQ 2016), to establish regional mental health prevalence, service gaps and service provision.

Reform plans by all Local Health Networks (LHNs), the SAMHC and Adelaide PHN Needs Assessment were recently completed. Extensive consultations were conducted during the development of these plans with people who have lived experience of mental health conditions, carers, the community and stakeholders. These consultations strongly informed the objectives and outcomes of the reform plans in the areas of service delivery and gaps in services. Strong themes of fragmentation emerged from the consultations indicating the current mental health system to be:

- Not focused on meeting the needs of people with mental health conditions
- Confusing
- Difficult to navigate
- Lacking in integration

With the Fifth Plan identifying eight priority areas for Adelaide PHN and LHN integration (see below), a thematic analysis was completed of all the six above mentioned plans and the Fifth Plan to identify shared priorities for integration. A significant overlap was found between state based plans, Adelaide PHN Needs Assessment and the Fifth Plan's themes and priorities. Given this alignment, the Plan will be underpinned by the following joint priority areas:

- Integrated regional planning and service delivery
- Suicide prevention
- Coordinating treatment and supports for people with chronic and complex (severe) mental health conditions, and physical health
- Coordinating treatment and supports for young people with chronic and complex (severe) mental health conditions and improving access to youth services overall
- Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- Ensuring a consistent approach to patient experience and outcome measures when evaluating services

Community consultation of people with lived experience of mental health was conducted to review the usefulness of the TWP integration actions in improving the mental health system. The consultation identified that integration and a holistic approach to care were imperative for an effective mental health system if the needs of the individual are to be truly respected. It was acknowledged that the Plan's integrated actions were important first steps towards improved coordination of services, but also recognised that greater commitment and work over a long period of time between sectors was still needed before a fully integrated mental health system could emerge. More detailed feedback received during the consultation is expected to inform the ongoing development of the Plan.

Ongoing lived experience and stakeholder input will be included to inform how services are implemented and evaluated.



3. Policy and Planning Context

The TWP was shaped by the policy context at both the national and state level, including Commonwealth guidance for the PHNs.

- Fifth National Mental Health and Suicide Prevention Plan, 2017
- Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: Guidance for LHNs and PHNs, 2018
- National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing, Australian Government, 2017-2023
- Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks, 2018
- South Australian Mental Health Strategic Plan, 2017-2022
- SA Department for Health and Wellbeing Mental Health Services Plan, 2020- 2025
- Department of Health and Ageing Strategic Direction, 2016-2018
- South Australian Suicide Prevention Plan, 2017-2021
- Adelaide PHN Needs Assessment, 2019-2022
- Primary Health Networks Guidance: An Evidence-based Systems Approach to Suicide Prevention, 2016
- Equally Well: Quality of Life – Equality in Life, National Mental Health Commission, 2020
- NALHN Adult Community Mental Health Service Plan, 2019
- SALHN Specialist Community Mental Health Service Plan, 2019
- CALHN Adult Community Mental Health Service Plan, 2019
- Child and Adolescent Mental Health Service Model of Care, 2016

3.1 National Context

The importance of a regional plan to support service integration and promote clarity of responsibilities was highlighted in the Commonwealth Government's Response to the Review of Mental Health Programs and Services, and is reflected as a priority for the PHNs (NMHC 2014). In August 2017, the Fifth Plan was endorsed by the Australian Government and by state and territory health ministers establishing a new direction for responding to mental health and preventing suicide. It builds on the foundation established by previous national mental health plans and reform efforts and articulates a cross jurisdictional framework for implementing national action over five years (DOH 2017).

The Fifth Plan articulates that Governments will work together to implement integrated planning and service delivery at the regional level. It identifies targeted action across eight priority areas (DOH 2017):

- Achieving integrated regional planning and service delivery
- Suicide prevention
- Coordinating treatment and supports for people with chronic and complex (severe) mental health conditions
- Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- Improving the physical health of people living with mental health conditions and reducing early mortality
- Reducing stigma and discrimination
- Making safety and quality control central to mental health service delivery
- Ensuring that the enablers of effective system performance and system improvement are in place

Adelaide PHN is charged by the Commonwealth Government with improving the efficiency and effectiveness of primary health care services for people, particularly disadvantaged groups at risk of poor health outcomes. Adelaide PHN does this through planning and funding primary health care services, and building effective partnerships with key agencies to foster an integrated system of care.

3.2 A Stepped Care Approach

The Australian Government Response to the National Mental Health Commission's Review of Mental Health Programmes and Services commits governments to introducing a stepped care approach. This approach serves to refocus the mental health system, including primary mental health care funding provided through the PHNs (NMHC 2014). The Fifth Plan further endorses a stepped care approach and informs a key premise of the Plan, that a regional mental health system should offer stepped care to people with or at risk of mental health conditions. The stepped care approach will provide a basis for joint planning and joint delivery of consistent mental health care, with a greater focus on patient outcomes.

A stepped care approach is an evidence based staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs (UOQ 2016). The multiple levels of a stepped care approach do not operate in silos or as directional steps, but instead offer a spectrum of service options. This multi level approach supports a person to transition up to higher intensity services or transition down to lower intensity services as their needs change.

A stepped care approach seeks to:

- Emphasise self-care and early intervention
- Increase the use of digital mental health services
- Match the level of service to consumer needs and adjust services in response to these changing needs
- Shift the focus to services that help prevent the need for acute and crisis intervention
- Offer a full continuum of services from low intensity through to high levels of care
- Ensure people can choose from a broader range of services that are better targeted to their needs
- Reduce under-servicing and over-servicing
- Strengthen support for general practitioners undertaking assessment to ensure people are referred to the right service or services (DOH 2015)



Diagram 1: Stepped care approach to mental health and associated need groups (UOQ 2016, DOH 2017)

3.3 Aboriginal Policy Frameworks

National and state Aboriginal and Torres Strait Islander mental health frameworks acknowledge a holistic approach to health (Dudgeon et al. 2018). This links the interconnectedness of social and emotional wellbeing with their family, physical, spiritual and cultural factors, especially a fundamental connection to the land, community and traditions. These unique social and cultural determinants are identified as strengths that build stronger individual and collective identities, a sense of self-esteem, resilience and improved outcomes across Aboriginal and Torres Strait Islander communities. The frameworks recognise that the restoration of individual and community mental health and wellbeing is through Aboriginal and Torres Strait self-governance and self-determination.

The Fifth Plan requires Australian governments to support the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration (DOH 2017). The Declaration aims to improve mental health outcomes by supporting Aboriginal and Torres Strait Islander people and communities to access the 'best of both worlds' in mental health care: clinical and culturally capable care, including access to cultural healers.

The Plan recognises the importance of co-design, development and implementation of services by Aboriginal and Torres Strait Islander people for their communities. This will underpin the development of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan plan highlighted as an action at the end of the Plan.



3.4 Suicide Prevention

The rate of suicide in Australia is recognised as a significant issue with profound and lasting impacts on families, communities and society (DOH 2017). The current approach to suicide prevention has been criticised as being fragmented, with unclear roles and responsibilities across government (DOH 2017). The Fifth Plan commits all governments to a systems based approach consistent with 'WHO's Preventing Suicide: A Global Imperative' (WHO 2014). The WHO framework points to the benefits of combining 11 evidence based suicide strategies into an integrated, system wide approach recognising that multiple, concurrent strategies are likely to generate greater effect than separate implementation (Appendix 1). These strategies cover the spectrum of interventions for high risk individuals through to universal population level interventions.

Evidence indicates that early in life negative experiences and trauma significantly increases susceptibility to suicide, mental health conditions and comorbidities later in life (Angelakis et al. 2019). The proposed 11 strategies identify the importance of intervening with vulnerable groups such as those who have experienced abuse or trauma, but less focus is given to strategies for the prevention of these early in life negative experiences. Given the scope of the problem, the Plan recognises the importance of including early in life prevention strategies when using a systems approach to suicide prevention.

Given the high level of integration required between governments, agencies and the local community to implement a systems wide approach to suicide prevention and the infancy of the working relationship between Adelaide PHN and LHNs, focus was instead given to what could effectively be achieved together. Suicide prevention strategies developed for the Plan were informed by evidence based practices found in the systems approach and include, improving post suicide attempt follow up and intervention, safe and quality care, and integrated pathways to service provision.

3.5 State Context

The South Australian Mental Health Strategic Plan 2017-2020 (SAMHC 2017) proposes a series of strategic directions to improve the mental health and wellbeing of South Australians. A core strategy of the plan is to provide quality and seamless support and services aligned to people's needs. The Strategic Plan provided context and strategic direction for the development of the SALHN, CALHN and NALHN mental health reform plans.

The Mental Health Services Plan 2020-2025 (DHW 2019) builds on the vision and direction provided by the Strategic Plan and sets out a future direction for state government funded mental health and wellbeing services and aims to rebalance the system towards community alternatives as well as consumer and carer empowerment. The Plan is underpinned by three high level goals: Personalised care and support, integrated care, and safe and high quality services.

The Child and Adolescent Mental Health Services (CAMHS) reform was informed by recommendations made in the Review of South Australian Child and Adolescent Mental Health Services (DHA 2016).

In 2017, the South Australian Government also published the Suicide Prevention Plan that identified the importance of developing a systems approach to suicide prevention and working together with Adelaide PHN and other services to provide an integrated approach to service delivery (SA Health 2017).



4. A Commitment to Working Together

The Fifth Plan identifies that integration is concerned with building relationships between organisations that are seeking similar aims to improve the outcomes and experiences of people and carers. In accordance with expectations of Action 2 of the Fifth Plan, the following core actions are central to the PHNs and the LHNs working together to implement integrated planning and service delivery at a regional level now and into the future:

- Undertaking joint regional mental health needs assessment to identify gaps, duplication and inefficiencies to make better use of existing resources and improve sustainability
- Examining innovative funding models, such as joint commissioning of services and fund pooling for packages of care and support, to create the right incentives to focus on prevention, early intervention and recovery
- Developing joint, single regional mental health and suicide prevention plans and commissioning services according to those plans
- Identifying and harnessing opportunities for digital mental health to improve integration
- Developing region wide multi agency agreements, shared care pathways, triage protocols and information sharing protocols to improve integration and assist consumers and carers to navigate the system
- Developing shared clinical governance mechanisms to allow for agreed care pathways, referral mechanisms, quality processes and review of adverse events

4.1 A Framework for Integrated Service Design and Delivery

An integrated health system is described by the World Health Organization (WHO) as:

“A connected quality health system where health providers work together to improve people’s experiences of the health system and their health outcomes”. (WHO 2016)

The WHO Integrated Care Models: An Overview (WHO 2016) describes dimensions of integration that may need to occur to achieve integrated and person centred care. It demonstrates that integration can be implemented at different levels using different methods and models on the organisational, funding, clinical, service, professional and administrative dimensions to create connectivity, alignment and collaboration across a stepped care continuum. The WHO report identifies that integrated care aligns with one or more of the following dimensions.

Dimensions	Possible Processes
Organisational Integration	<ul style="list-style-type: none">• Shared governance and leadership• Shared ethos and culture
Commissioning for Integration	<ul style="list-style-type: none">• Planning, co-funding and commissioning• Contracts, Memorandum of Understanding (MoU) and partnership agreements
Service Integration	<ul style="list-style-type: none">• Service partnerships• Joined up services - seamless pathways between services• Joint multidisciplinary teams• Provider networks and community consortiums
Clinical Integration & Professional Integration	<ul style="list-style-type: none">• Shared care, guidelines, protocols and procedures• Joint multidisciplinary teams – including virtual• Shared clinical development and best practice• Shared learning and training
Administrative Integration	<ul style="list-style-type: none">• Sharing of clinical information and data• Shared use of technologies• Shared quality improvement

Table1: Source - Dimensions of Integration, World Health Organization Integrated Care Models: An Overview (WHO 2016)

These dimensions of integration along with the Fifth Plan's Action 2 'core actions' have informed the development of the Framework for Integrated Service Design and Delivery (Diagram 2) to give context and guidance to the Plan, and inform ongoing discussions and planning with partners, stakeholders and the community into the future (DOH 2017).

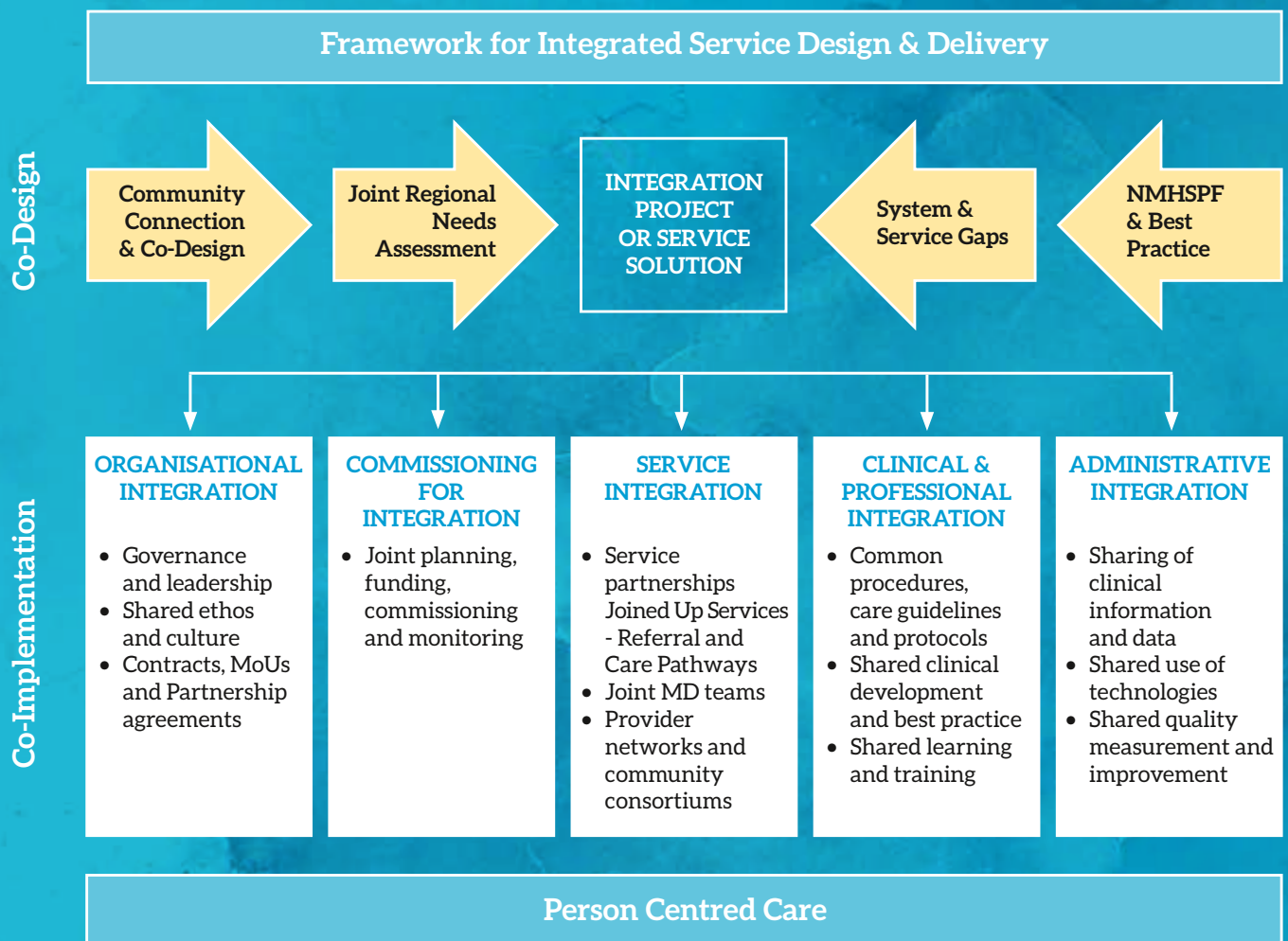


Diagram 2: Framework for Integrated Service Design and Delivery

4.2 A New Paradigm: A Whole of Person Integrated Care Model

'It takes a whole of person, whole of life, whole of government and whole of community approach to building, sustaining and strengthening the mental health and wellbeing of South Australians.'

(SAMHC 2017)

Analysis of state and commonwealth plans, key policy directions, service delivery models and stepped care approach were highly consistent when identifying several layers of support needed for people requiring mental health and suicide prevention support. The proposed integrated care model puts the person at the centre of their care and recognises the layers of support they may need to live a meaningful and purposeful life. The integrated care model is based on a whole of person approach underpinned by the philosophy that health is a state of physical, social, economic, cultural and emotional wellbeing. The model is informed by a recovery based approach that encourages people to move up and down the levels of care as their needs change (MHCNSW 2014, PSPHN 2019).

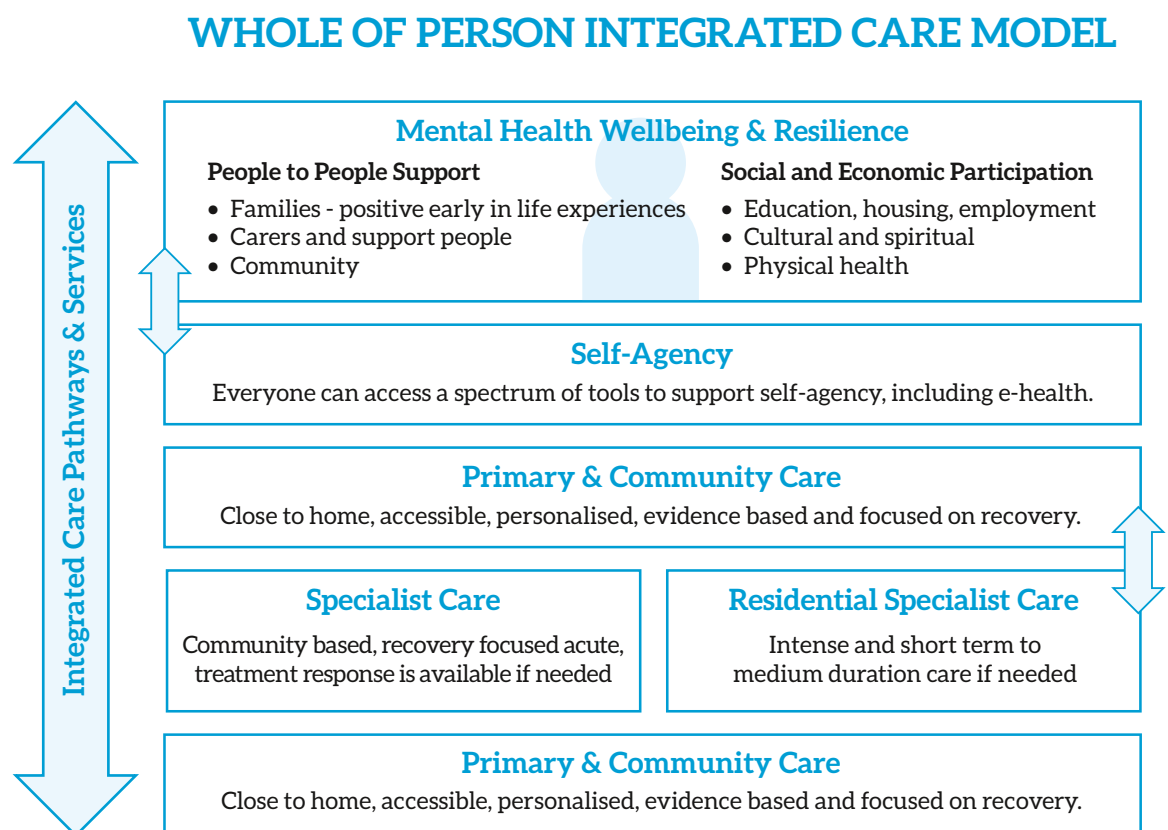
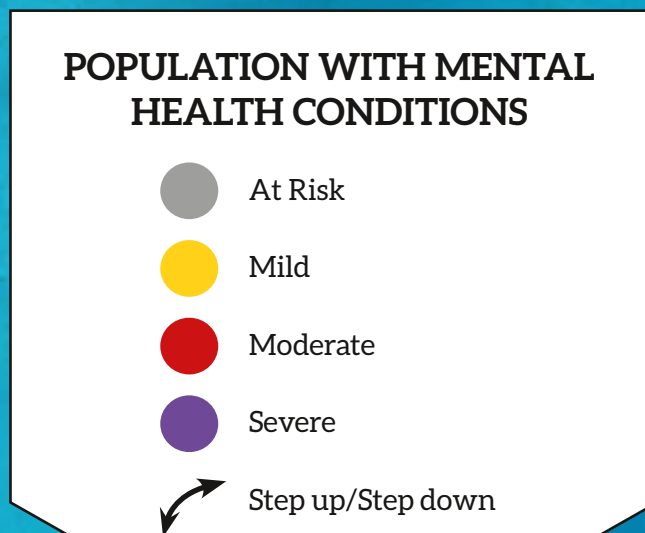
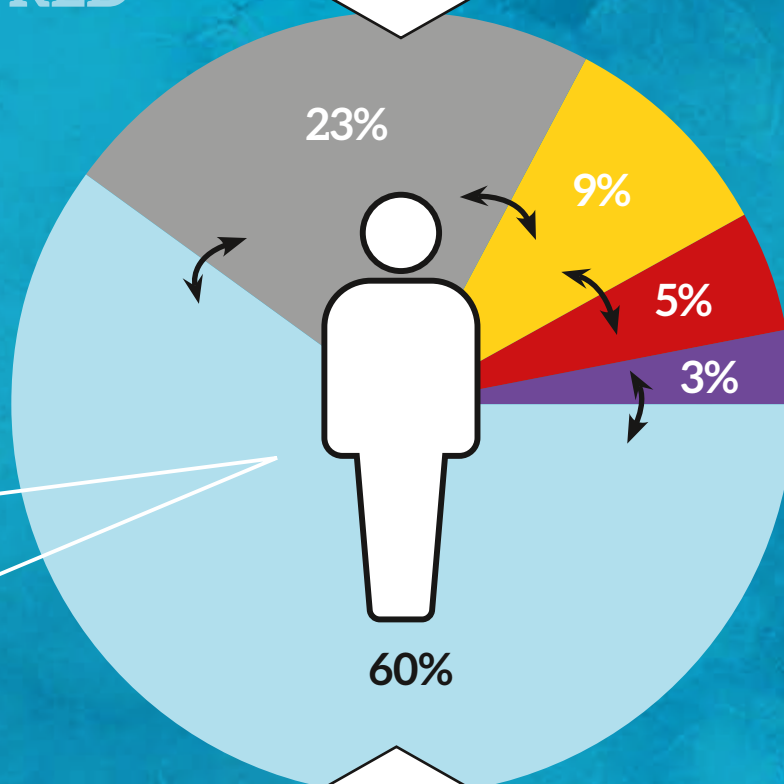


Diagram 3: Whole of Person Integrated Care Model (MHCNSW 2014, PSPHN 2019)

THE PLAN PERSON CENTRED



“When the system is connected around me and my mental health, I feel more confident in the system”



WELL POPULATION

AIMS:

- Increase the percentage of the population that are well by reducing the percentage of the population at risk
- Increase general awareness of the mental health system and how to access it
- Increase focus on maintaining wellness (factors include: physical health, relationships, employment, drug and alcohol use etc.)

EDUCATION, HOUSING, EMPLOYMENT; GOVT AGENCY INITIATIVES, FEDERAL AND STATE

An Improved, More Effective Mental Health & Suicide Prevention System.

Health workers,
clinicians,
mental health
specialists
want...



Those who
present with
mental health
conditions
or suicidal
thoughts
want...

More efficient,
effective service
delivery



**BOTH PARTIES WANT
A VERSION OF THE
SAME THING**



A more accessible,
coordinated and
effective system.

BECAUSE IT MAKES THEM FEEL

- Part of something, being more effective
- More caring, supportive and efficient
- Making a difference
- Cared about
- Treated like an individual
- Confident, appreciated, BETTER

5. Vision, Values, Guiding Principles and Goals

5.1 Our Vision

The vision underpinning the Plan is to develop:

A single regional mental health system that is accessible, easy to navigate and works in an integrated manner to plan, deliver and monitor person centred services together which improve the health outcomes of people with mental health conditions in the most effective and efficient way possible.

5.2 Our Values

The Plan is underpinned by the shared values of Adelaide PHN and LHNs.

- o Respect
- o Access and equity
- o Person centred
- o Timely
- o Support and connection
- o Meaning and purpose
- o Inclusion and diversity
- o Recovery and trauma informed
- o Collaboration and partnership
- o Safe and effective

5.3 Guiding Principles

These principles underpin each of the core strategies and actions outlined in the Plan:

- Care and planning should take a whole of person approach, be recovery oriented and trauma informed
- Reduce fragmentation and improve transitions between services
- Collaboration and partnership between all levels of government
- Stepped care, matching services to need
- Inclusion and diversity
- Consumers have access to high quality and safe services
- Mental health workforce should be valued and supported
- Ongoing consultation with people who have lived experience of mental health conditions and their carers

5.4 Goals

- Improved access to services that are matched to need and more equitably distributed through better resource use
- Treatment, care and support will be personalised and provided by the right service, at the right place and at the right time
- Integrated care as services work together in a joined up and coordinated way to provide a whole of person approach to service delivery
- People's transitions through and between services will be smooth and seamless



6. The Adelaide Metropolitan Region

6.1 Determinants of Mental Health

The Plan recognises that mental health concerns can be the result of a complex interplay of factors including biological, environmental, cultural, physical, lifestyle and social influences. Determinants of mental health include not only the ability to manage our thoughts, emotions, behaviours and interaction with others, but also include 'social determinants' such as housing, education and employment, fair and equitable justice, as well as literacy and awareness (SAMHC 2017). It acknowledges the significant impact that disadvantage and inequities can have on the mental health and wellbeing of people, and the impact of adverse events experienced in the early years on people's lives.

Certain groups of people are known to be at higher risk of developing or experiencing mental health conditions because they have greater exposure and vulnerability to risk factors including difficult family, social, economic and environmental circumstances (SAMHC 2017).

- Children who are neglected or maltreated, children under the care of the Minister and young offenders
- Children and adults who have experienced trauma
- People living in poverty
- People living with chronic health conditions
- People who belong to minority groups
- Aboriginal and Torres Strait Islander people
- Older people
- People discriminated against including those who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ)

6.2 Our Region and People

The Plan covers the entire Adelaide metropolitan region, from Sellicks Hill in the south to Angle Vale in the north, and from the beaches in the west to the foothills in the east. The Kaurna people are the Traditional Custodians of the Adelaide metropolitan region. The area is home to 1,234,000 people, which is the majority of the South Australian population (Profile .id 2018). The land area equates to 155,309 hectares or 1,553 square kilometres. The region has 17 local government areas (LGAs) (PHIDU 2019).

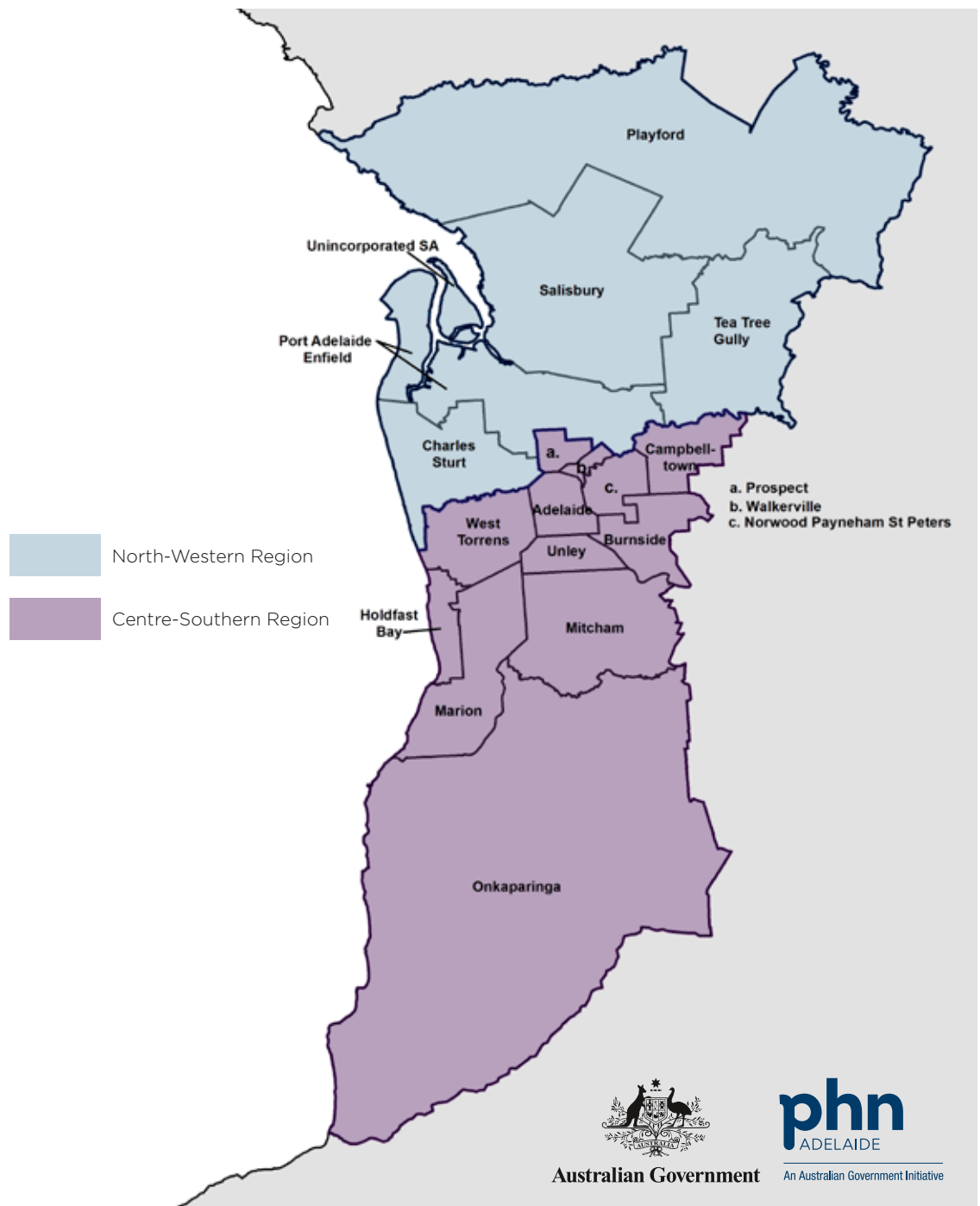
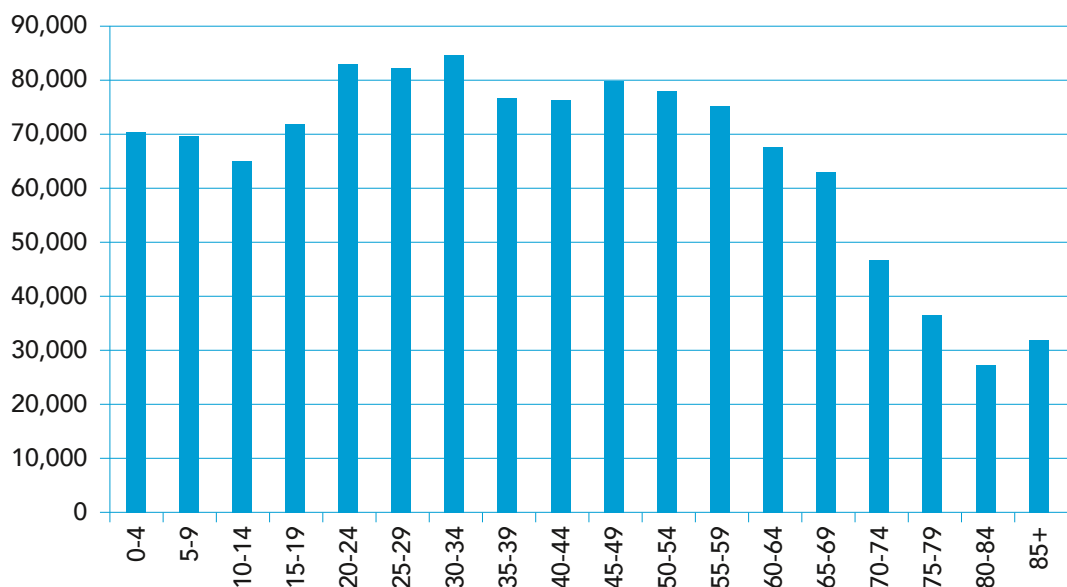


Diagram 4: The Adelaide PHN Region and LGAs (PHIDU 2019)

There are 17,235 Aboriginal and Torres Strait Islander people in the Adelaide metropolitan region (PHIDU, 2019).

The population for the Adelaide metropolitan region is projected to increase by over 100,000 by 2026 (UOQ 2016). The lowest growth is expected in the age range 0-4 and the largest growth in the 65 and over age range. Mental health conditions are increasing amongst older people with growing rates of dementia associated with key behavioural and psychological issues and increasing levels of social isolation (SAMHC 2017).



Graph 2: Adelaide PHN Population by Age – 2016 (Profile.id 2018)

6.3 Prevalence of Mental Health Conditions in the Adelaide Metropolitan Region (NMHSPF)

The Fifth Plan commits governments to a range of actions when developing the Plan, including the use of the National Mental Health Service Planning Framework (NMHSPF) tool developed by the University of Queensland (2016) to assist planning, coordination and resourcing of mental health services to meet the needs of the population. The tool is based on a stepped care model and tailors the intensity of intervention to the level of need. It estimates the number of people with mental health conditions in any given year along defined levels of severity and set treatment targets to help plan for intervention services.

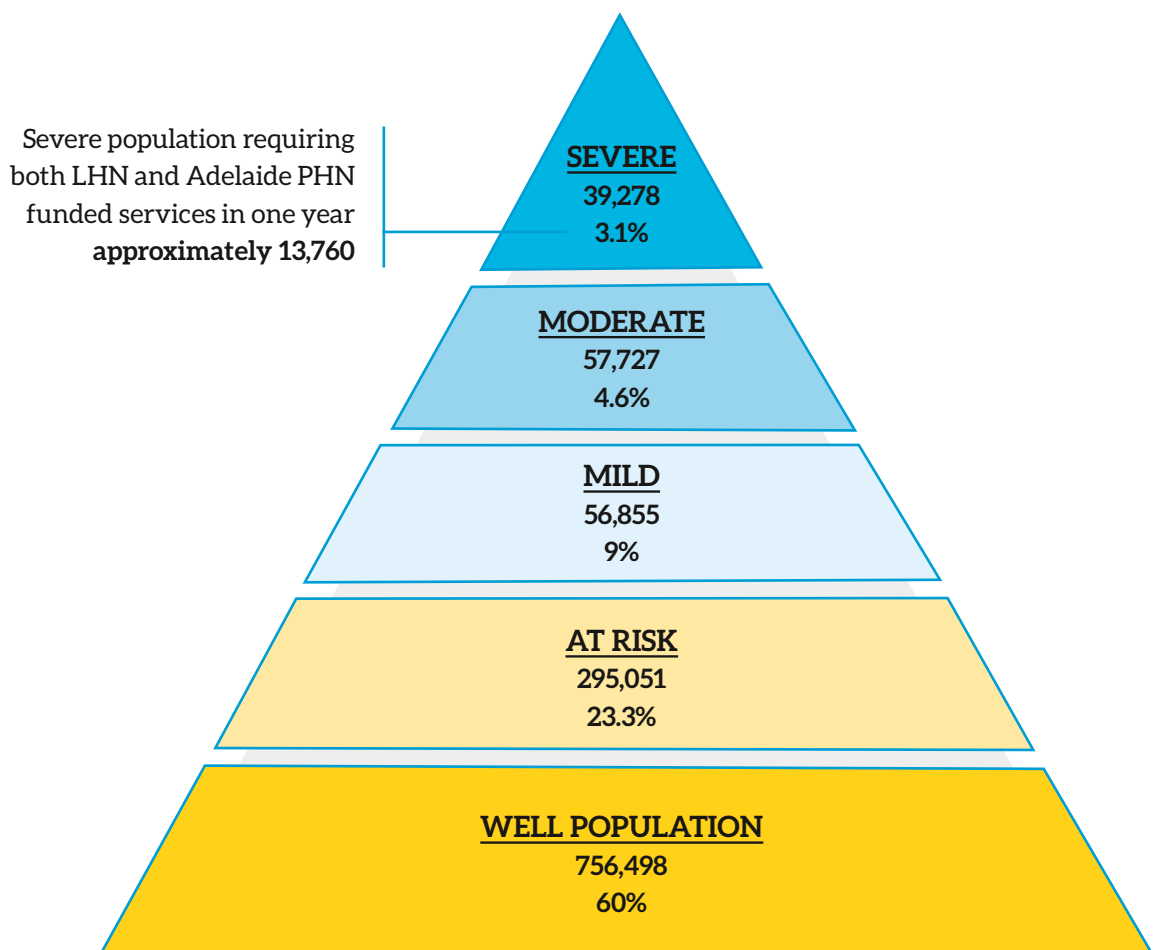


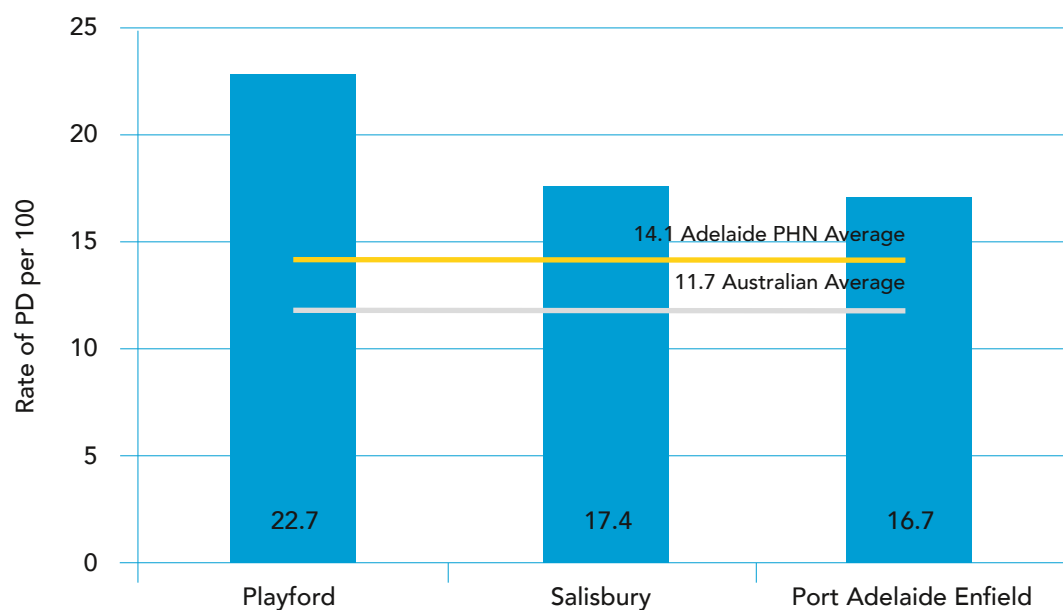
Diagram 5: Estimated Prevalence of Mental Health Conditions in the Region (NMHSPF) 2018- 2019 (UOQ 2016)

Diagram 5 illustrates the estimated number of people expected to be impacted by different levels of severity of mental health conditions in the Adelaide metropolitan region. It shows that approximately 153,860 people would be likely to have mental health conditions in a 12-month period. It also highlights, that a further 295,051 could require some level of early intervention or be at risk of mental health conditions over the same period (23.3%). Not all of these individuals will necessarily seek or require services (UOQ 2016).

In any one year, Adelaide PHN and the LHNs could both be providing care to approximately 13,760 people who experience chronic and complex (severe) mental health concerns, and ideally should be able to access services funded by the Commonwealth and State as they step up and/or down between tertiary or secondary care and primary care (UOQ 2016).

6.4 Mental Health Indicators

The average rate of psychological distress in the metropolitan region is 14.1 compared to the Australian average rate of 11.7 (PHIDU 2019). Higher rates were found in the LGAs of Playford (22.8), Salisbury (17.4) and Port Adelaide Enfield (16.7) (PHIDU 2019). These findings correlate strongly with socioeconomic status, with these three regions having the lowest Index of Relative Socio-Economic Disadvantage (IRSD) scores in the Adelaide PHN region (PHIDU 2017).



Graph 3: 3 LGAs with Highest Psychological Distress in Adelaide PHN metropolitan region. (PHIDU 2019)

Mental Health Services and Workforce in the Adelaide PHN Region:

MENTAL HEALTH TREATMENT PLANS

2017-2018

102,879

(2019 AIHW)

**Specialised child and youth
mental health services for
children and young people
who may be experiencing more
chronic and complex (severe)
mental health concerns:**

- 1** Inpatient hospital ward
- 4** Community based Services
- 1** Perinatal and infant inpatient unit

1 Aboriginal
Community Controlled
Health Service



General
practitioners:

1616

Practice
nurses:

397

General
practices:

327

Public
hospitals:

8

Community based
Pharmacists:

281

Aged care
facilities:

246

Registered
psychologists:

619

Allied health
Better Access
providers:

849

(DOH 2017)



(Source: Adelaide PHN, 2019; CRIM Extract, November 2019, Unpublished)

TOTAL POPULATION OF ADELAIDE PHN REGION

1,234,000



(ABS 2018)

The Adelaide metropolitan region is comprised of

17

Local Government Areas.

(PHIDU 2019)

The Adelaide metropolitan population is projected to increase by:

+100,000 by 2026

(UOQ 2016)

306,239



Population of older people (65 and over) in South Australia

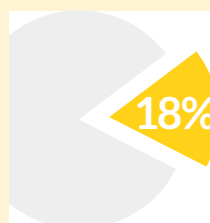
(ABS 2016)

Percentage of Older People in SA



compared to the Australian average of 15.7

(ABS 2016)



Population born in non-English speaking countries

(ABS 2017)



The Kaurna people are the Traditional Custodians of the Adelaide metropolitan region

> 17,000

ABORIGINAL AND TORRES STRAIT ISLANDER

(PHIDU 2019)



Over half of the Aboriginal and Torres Strait Islander population is under the age of 24yrs

(PHIDU 2019)

Top 10

predominately non-English speaking countries of birth:

1. India

6. Greece

2. China

7. Germany

3. Italy

8. Malaysia

4. Vietnam

9. Afghanistan

5. Philippines

10. Poland

(ABS 2017)

44,600 (14%)

Speak another language, and English not well or not at all

(ABS 2006)

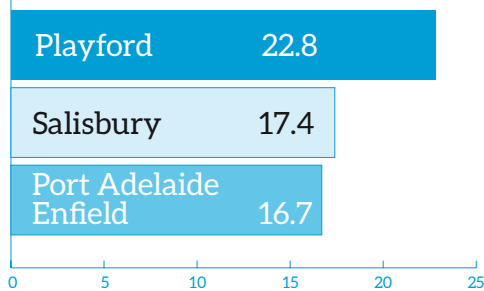
Mental Health

Mental health conditions are the **3rd leading cause** of disease burden in South Australia

(SAMHC 2017)



The highest rate of adults with high or very high psychological distress live in:



These 3 LGAs have the lowest Index of Relative Socio-Economic Disadvantage (IRSD) scores in the Adelaide PHN region

(PHIDU 2017)

People (in the Adelaide PHN region) likely to seek or require treatment for mental health risk factors or conditions.

448,911

(UOQ 2016)

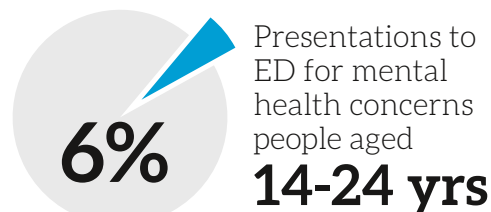
HOSPITALISATIONS

2,246 2015-2016

due to intentional self-harm.

Highest rates found in:
Adelaide City, Playford, Marion and Onkaparinga

(PHIDU 2016)



National average **4%.**

(AIHW 2018)

HIGHEST RATE

of mental and behavioural disorder presentations at ED

SA (2017-18)

4.8%

National rate **3.6%.**

(AIHW 2019).

ESTIMATED PREVALENCE OF MENTAL HEALTH ISSUES

in the Adelaide PHN region compared to the average of other Australian capital cities

Long term mental and behavioural problems **8% HIGHER**

Psychological distress **20% HIGHER**

(PHIDU 2017)

Children and Young People

Mental health conditions are estimated to be the **leading cause** of burden of disease for people aged **24 years and under** in South Australia

(DHW 2019)

Estimated prevalence of trauma exposure in childhood **approx. 31%**

Estimated **82,075** people **<18 yrs** may be at risk of trauma exposure in the Adelaide PHN region

(calculated percentage of population)

(Lewis et al. 2019)

Children and young people who would benefit from some level of mental health intervention in 2018-19

69,381

Of these,

5,961

are expected to experience severe mental health conditions and require treatment

(UOQ 2016)



Mental Health related ED presentations (2017-18) of children and youth (0-17) in the Adelaide PHN region represented

2.4% of overall presentations

This was the **highest** of all PHNs, higher than the PHN national average of **1.4%**.

(AIHW 2019)



of all presentations to ED for mental and behavioural disorders in South Australia were people < 25yrs

(AIHW 2019)

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Psychological distress rates of the Aboriginal and Torres Strait Islander population over 18 years in SA:

2.5 X HIGHER

than non-indigenous

Rate of psychological distress for this group is **34%** compared to **14%**

(HPCSA 2016, ABS 2016)

Aged standardised rates of hospitalisation of Indigenous people living in Greater Adelaide area for mental health related conditions in 2012/13:

174% higher

than the average rate of all persons in the region

(PHIDU 2016).

Suicide Prevention



2014-2018

Deaths due to suicide in Adelaide metropolitan region

Approx.

37 Indigenous **1095** Non-indigenous

(ABS 2018)

Proportion of deaths due to suicide:

Aboriginal and Torres Strait Islanders populations **4.2%**

Non-Indigenous South Australians **1.6%**

(ABS, 2016)

The highest rate of intentional self-harm deaths in Aboriginal people was in young people aged **25-34 years (4.5 per 10,000 population)**, with the second highest rate in the **15-24 age group (3.8 per 10,000 population)**

(Gibson et al. 2017)

Rates of suicide:

Steadily increased by **21%** in the last 5 years in the greater Adelaide region

(ABS 2017)

Death from suicide and self-inflicted injuries (2016):

33% higher

compared to average rate of other capital cities

(ABS 2017)

In SA, the rate of deaths from intentional self-harm in 2016 were almost **3x higher for males** than females across the **15-44 years** age group

(ABS 2017)

Use of Alcohol and Other Drugs

Alcohol consumption at risk levels in Adelaide metro region.



40%

12-24 yrs



46%

25-59 yrs



20%

60+ yrs

(Roche et al. 2016)

“People living with mental health conditions have poorer physical health and higher rates of mortality, compared with people with good mental health

(DOH 2017)

70% higher mortality rates

for people who live in the Adelaide PHN region who accessed MBS and/or PBS subsidised mental health related treatments

(compared to overall Adelaide PHN age standardised mortality rate)

(ABS 2017)

Physical Health of people living with mental health conditions

2x 

People in South Australia with mental health conditions or very high levels of psychological distress are **twice as likely to smoke tobacco** compared to those who don't

(Roche et al. 2017)

South Australians who experience mental health issues or high levels of psychological distress are:

47% more likely to have used illicit drugs

in the last 12 months compared to counterparts in the rest of Australia (**33%**)

(Roche et al. 2016)



The most common illicit drugs used were **Cannabis and Methamphetamine**

(Roche et al 2016)

6d Population Needs

Population health data and consultations with people who have lived experience of mental health conditions, carers, community and stakeholders informed Adelaide PHN's following summary picture of the region's mental health needs (Adelaide PHN Needs Assessment, 2019-2022).

- Higher prevalence of mental health conditions in the Adelaide metropolitan region compared to other capital cities, with prevalence expected to increase in the future
- Higher number of children and youth presentations to Emergency Departments (EDs) compared to other states with overall percentage above the national average
- Current mental health services are fragmented with poor transitions and pathways between services
- A lack of timely support and services early in the development of mental health conditions to prevent the progression to chronic and complex (severe) or acute episodes
- A lack of coordinated pathways between LHNs and community based services, especially for people experiencing chronic and complex (severe) mental health issues.
- Increasing rate of self-harm and suicide and lack of routine follow up after suicide attempt post ED
- A lack of integrated service delivery to provide holistic care to address social, physical and comorbidity issues
- Services are not available to match the varying needs of people with mental health conditions, e.g. shortage of affordable and accessible psychological therapies and psychiatry in areas of highest need
- High representation of Aboriginal and Torres Strait Islander people among hospital admissions for mental health conditions and self-harm
- High prevalence of mental health conditions in LGAs of Playford, Salisbury, Port Adelaide, Enfield and Onkaparinga when compared to the Adelaide PHN region averages. These are LGAs in the outer north, west and south of Adelaide
- High levels of physical illness, alcohol, tobacco and other drug comorbidity among people with mental health conditions
- A shortage of available workforce providing mental health services especially in areas of highest need
- Shortage of psychosocial services at both a state and commonwealth level and a lack of access to mental health services with people experiencing functional impairment. A lack of clear psychosocial criteria used by services at the state and commonwealth level
- South Australia has an aged population with a higher proportion of older people than the national average

7. Regional Mental Health System – Roles and Responsibilities

Responsibility for funding mental health services in the region is shared between State and Commonwealth governments. The South Australian Government provides both tertiary and secondary mental health care through the LHNs who are responsible for specialist public mental health services and acute care to a relatively smaller number of people with chronic and complex (severe) mental health conditions.

Commonwealth funded primary health care services support service provision to the majority of people with less complex forms of mental health conditions in the community and less intense needs. General practitioners are involved in the provision of care to people across the spectrum of severity, particularly given their role in providing physical as well as mental health services.

7.1 State Services

Services provided by the LHNs in the region include:

- Centralised emergency and crisis services 24/7 (including triage and emergency care)
- Specialised mental health care services provided in acute or sub acute setting in all the LHN regions and across the Adelaide PHN region by WCHN for young people
- Specialist community mental health care services including adult services, CAMHS, older persons services and assertive outreach and crisis emergency services
- Residential rehabilitation services and supported accommodation services
- Programs for specialised needs, e.g. perinatal, anxiety, depression, BPD, eating disorders, trauma, drug and alcohol services, etc.
- Services for Aboriginal and Torres Strait Islander people, Aboriginal Community Controlled Health Services (ACCHSs)

The State Government also commissions a number of Non Governmental Organisation (NGO) services including psychosocial support for vulnerable people experiencing a high level of need such as accommodation and support.

7.2 Commonwealth Services

The Commonwealth Government funds primary mental health services in the region through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS), through program funding to Adelaide PHN and through programs delivered by NGOs, digital mental health and school programs. The MBS also subsidises private health services provided in private hospitals and private psychiatry services. The most commonly used mental health services in the region are MBS funded general practitioner services, followed by psychological services under the Better Access program. The Commonwealth also funds the National Disability Insurance Scheme (NDIS).

Adelaide PHN currently commissions over 40 mental health, suicide prevention and alcohol and other drug services that target gaps in the stepped care framework and underserved at risk groups in the community including:

- Low intensity mental health services for early intervention
- Child and youth mental health services
- Psychological therapies provided by mental health professionals to underserved groups
- Primary mental health care services for people with severe mental health conditions
- Regional approach to suicide prevention
- Aboriginal and Torres Strait Islander mental health services
- Access to alcohol and other drug services

An important role of Adelaide PHN is capacity building within the primary health care sector to facilitate change, and support system integration and improvement of primary health care services. All Adelaide PHN commissioned services (Appendix 2) have been informed by regional population need and have been developed through extensive consultation with consumers, carers, community, services and stakeholders.

7.3 Integrated State and Commonwealth Services

7.3.1 Mother Infant Dialectical Behaviour Therapy Groups (MI-DBT Groups):

The Helen Mayo House (State) and Adelaide PHN have been working together at a clinical and administrative level since 2018 to run the MI-DBT groups in primary care. MI-DBT is an adaptation of Dialectical Behaviour Therapy (DBT) provided as a specialist group therapy program for women living with Borderline Personality Disorder (BPD) in the perinatal period that aims to improve a woman's emotional regulation, interpersonal effectiveness and parenting skills at a critical time in an infant's development (within the first 1000 days). Sonder and Links to Wellbeing are commissioned by Adelaide PHN to deliver these groups in the north and south of the Adelaide region.

7.3.2 Connecting with People Joint Training and Implementation

The Office of the Chief Psychiatrist (OCP) and Adelaide PHN have been working together since 2016 to support the implementation of the Connecting with People (CwP) training in South Australia. CwP is a suicide and self-harm mitigation and prevention program aimed at increasing empathy, reducing stigma and enhancing people's ability to compassionately respond to someone who has suicidal thoughts or following self-harm. Connecting with People supports the development of a common language, promoting a more integrated response across acute, primary health and not for profit providers and communities, and is a key strategy outlined in the South Australian Suicide Prevention Plan 2017 – 2021 (SA Health 2017).

Adelaide PHN and the OCP have co-facilitated training for LHN employees and Adelaide PHN commissioned service providers in CwP tools. Adelaide PHN is supporting commissioned service providers to access the training and use the CwP tools within clinical practice to enhance their assessment and safe triage of consumers, assist with clinical decision making, support the development of collaborative approaches to mitigating suicide risk, and increasing consumer resilience to suicidal thoughts. The Adelaide PHN Central Referral Unit (CRU) also use the CwP framework for risk profiling and screening, and for comprehensive risk assessment where appropriate.

7.3.3. Joint Professional Training for Adelaide PHN Commissioned Services and LHN Staff.

Adelaide PHN has commissioned training to improve local knowledge and relationships to support stepped care. The training focuses on improving understanding across sectors and disciplines (general practice, primary health care providers, LHNs, PHN commissioned services) of criteria for each step of care and ways of integrating with other services. Funded by Adelaide PHN, the training spans over two years in various locations and is implemented by Australian Medical Placements Health Education and Training (AMPHEaT).

8. Priority Areas of Shared Collaboration

Integration is the pivotal theme underpinning the Fifth Plan and interlinked with all the other priority areas. The following priority areas for collaboration have focused on developing solutions that ensure a more integrated and effective person centred approach to service provision.

8.1 Suicide Prevention

A suicide attempt is the strongest risk factor for subsequent suicide, with the risk of repetition remaining up to 12 months after an attempt (DOH 2016). However, timely and assertive follow up is not consistently provided to people leaving emergency or hospital care. While both Adelaide PHN and LHNs provide follow up care for people who attempt suicide these services do not have consistent, agreed pathways and service a small percentage of the population due to limited resources and capacity.

Shared Objective

Implement integrated suicide prevention service delivery and pathways to provide timely follow up care for people who have attempted suicide or at risk of suicide, and safe and quality services to reduce the risk of suicide.

8.1.1 Build Safe and Quality Services to Maximise Risk Mitigation in Service Delivery

An outcome of the Plan is the adoption of a Towards Zero Suicide approach by LHNs and Adelaide PHN to improve risk mitigation and provide safe and quality services. Towards Zero Suicide is a commitment to suicide prevention in health and behavioural health care systems, as well as a specific set of tools and strategies. The main proposition for Towards Zero Suicide is that suicide deaths for people under care are preventable through the aspiration of continuously improving care and outcomes for people at risk (DHW 2019).

The Towards Zero Suicide approach recognises that care is not only the domain of the clinician, but also relies on a system wide and integrated approach to improve patient outcomes and close gaps between services.

The following evidence based elements of suicide prevention for health care systems have been identified when implementing a Towards Zero Suicide approach to care (EDC Inc 2015):

LEAD

Leadership driven, and safety oriented culture committed to reducing suicide among people receiving care

TRAIN

Develop a competent, confident and caring workforce

IDENTIFY

Systemically identify and assess suicide risk among people receiving care

ENGAGE

Ensure every person has a suicide care management plan, or pathways to care that are both timely and adequate to meet their needs, including a safety plan and restriction to lethal means

TREAT

Use effective, evidence based treatment that directly targets suicidality

TRANSITION

Provide continuous contact and support, especially after acute care

IMPROVE

Apply a data driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk



STRATEGY 8.1.1

Improve care provided to people and their carers across LHNs and Adelaide PHN commissioned service providers through the implementation of Towards Zero Suicide approach to service delivery.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.1.1.1** Development of a Towards Zero Suicide Implementation Plan (TZSIP) with clear actions (including collaborative), responsibilities, timelines and evaluation measures. This will include joined up referral and care pathways, shared best practice, shared learning and training, etc.
- 8.1.1.2** Establish a MoU between partner organisations to formalise responsibilities and actions for the effective implementation of the TZSI Plan
- 8.1.1.3** Ensure resources are made available for the development and implementation of the TZSI Plan

Outcomes:

- Completion of the Towards Zero Suicide Implementation Plan by January 2022
- Implementation of TZSI Plan by LHNs and Adelaide PHN by December 2023
- Decreased rate of suicide attempts by people under the care of mental health services after 12 months of implementation of the TZSI plan



8.1.2 Improve Post Emergency Department and Hospital Follow Up to People Who Have Attempted Suicide

Adelaide PHN and the State have agreed to work together to improve follow up of people who have attempted suicide in one LHN region by co-funding The Way Back Support Service (The Way Back). The Way Back is a Beyond Blue designed suicide prevention program targeting people discharged from hospital after attempting suicide, or who are experiencing suicidal crisis and at imminent risk of a suicide attempt. It delivers one on one, non-clinical care and practical support for three months by support coordinators to help people stay safe and connected with their support networks and existing health and community services. Partnering hospitals assess and refer people to The Way Back support coordinators who then contact the person within 24 hours and work with them to develop a safety plan. The plan includes setting goals, tailored to the individual, that encourages them to reengage safely in everyday life. The support coordinators keep in touch with the person regularly, either face to face, by phone or email.

STRATEGY 8.1.2

Adelaide PHN and the State to co-commission The Way Back Service to operate in one LHN region.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.1.2.1** Develop an Adelaide PHN, LHN and OCP The Way Back Project Group to oversee the clinical governance, coordination, development, implementation and evaluation of the project
- 8.1.2.2** Develop joined up services through referral and care pathways
- 8.1.2.3** Develop a MoU between partners to define clinical governance, roles and responsibilities, and joined up pathways

Outcomes:

- The Way Back to be operational by January 2021
- Rate of people followed up within seven days of referral from ED after a suicide attempt in the chosen LHN

8.2 Improve Access and Coordination of Services for Youth (12-24 years)

There are many opportunities for improved coordination and collaboration between tertiary, secondary and primary care sectors for young people experiencing mental health concerns.

Shared Objective

Ensure accessible, timely and coordinated mental health services along a stepped care continuum for young people aged between 12-24 years.

8.2.1 Explore the Feasibility of Developing a Single Point of Entry for Young People 12-24 Years When Accessing Mental Health Services

STRATEGY 8.2.1

Establish the viability of a single point of entry for youth to improve access to services in the region (12-24).

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.2.1.1** The establishment of a youth service clinical leaders' group from all partners to explore the feasibility of a single point of entry for young people seeking access to mental health services (or other options)
- 8.2.1.2** The youth leaders' group to report to the Regional Mental Health and Suicide Prevention Steering Committee on feasibility recommendation
- 8.2.1.3** If a single point of entry is recommended, an overall design with costings is to be presented to the Steering Committee for a decision over its implementation
- 8.2.1.4** Ensure resources are available for the single point of entry project if implemented

Outcomes:

- Single point of entry for youth viability explored and the outcome presented to the Steering Committee by December 2021

8.2.2 Coordinate Treatment and Support for Youth (16-25 years) With Chronic and Complex (Severe) Mental Health Conditions

Adelaide PHN has designed and commissioned two Integrated Practice Units (IPUs) for young people aged 16-25 years who are experiencing or at risk of experiencing chronic and complex (severe) mental health conditions. The IPUs were implemented to meet a gap in service provision for young people not suited to the headspace primary platform or able to meet the criteria for state based tertiary mental health services.

The IPU teams are located in areas of highest need in the outer southern and northern regions of metropolitan Adelaide and also smaller services in both the west and the central areas. The multidisciplinary teams are comprised of psychiatry, clinical leads, mental health clinicians, enhanced care clinician, functional recovery clinicians, and lived experience worker. There is currently very little active integration between the IPUs and the relevant LHNs in the way of formal step up and step down pathways between services.

STRATEGY 8.2.2

Build step up and step down pathways between LHN emergency departments, hospitals, community teams and Adelaide PHN commissioned youth services, headspace Early Psychosis Program, headspace and Integrated Practice Units

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.2.2.1** The Integration Implementation Group to develop clear step down and step up pathways between LHNs and Adelaide PHN commissioned youth services: headspace Early Psychosis Program, headspace and the IPUs
- 8.2.2.2** The co-design of referral pathways to include lived experience, carers, and front line staff to ensure implementation success
- 8.2.2.3** Develop a MoU between Adelaide PHN and LHNs to provide roles and responsibilities, eligibility criteria and referral pathways for stepping up and stepping down

Outcomes:

- Referral criteria developed for step up and step down pathways between LHN, hospitals, community teams and IPUs and operationalised by January 2022
- MoU completed and signed by 2022

8.3 Coordinating Treatment and Supports for Adults (18-65) With Chronic and Complex (Severe) Mental Health Conditions, Including Physical Health

There are currently few formalised pathways to care between Adelaide PHN and LHNs when delivering services to people with chronic and complex (severe) mental health conditions in the Adelaide metropolitan area. This can also be extended to people with mental health concerns who are experiencing physical health problems. The Fifth Plan reports that people living with a mental health condition are more likely to die early as their physical needs are often overshadowed by their mental health condition. This leads to physical conditions being undiagnosed and untreated which is also reflected in the identified high level of physical ill health amongst people with mental health conditions in the Adelaide regional area. The proposed joined up services below which will operate within a NMHSPF Care Package approach also gives recognition to physical health when developing care plans.

Shared Objective

Improve the coordination of services for people experiencing chronic and complex (severe) mental health conditions to ensure seamless pathways to care, including physical health.



STRATEGY 8.3.1

Establish joined up services between Adelaide PHN, CALHN and NALHN to provide NMHSPF defined Care Packages to people experiencing chronic and complex (severe) mental health conditions in their respective LHN regions.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.3.1.1** Adelaide PHN to co-design referral criteria and step up and step down pathways with CALHN and NALHN
- 8.3.1.2** The co-design to include front line staff and people with lived experience to ensure implementation success
- 8.3.1.3** Develop a MoU between Adelaide PHN, NALHN and CALHN to provide an operational framework of service roles, responsibilities, clinical governance, referral criteria and pathways, joint treatment and care coordination plans, and care package requirements, etc.

Outcomes:

- Referral criteria developed, and step up and step down pathways established between Adelaide PHN and CALHN and NALHN hospitals by January 2022
- Number of care plans that include physical health management and monitoring.
- Number of people with joint care coordination plans
- Number of care plans with care packages
- Evaluation of services to include Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS)

8.4 Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention

The Plan recognises the need for a whole of state strategic approach to mental health and suicide prevention services for Aboriginal and Torres Strait Islander people. State and Commonwealth services, ACCHOs and stakeholders will work together with Aboriginal and Torres Strait Islander communities to develop a state based Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan. The plan is committed to implementing planning processes that will:

- Foster Indigenous leadership and engagement in the planning, delivery and evaluation of services and programs
- Strengthen integration between services working with Indigenous people
- Ensure Aboriginal and Torres Strait Islander people have access to culturally safe and appropriate initiatives determined by local communities

Shared Objective

Establish a state based approach to service provision and integration to improve the emotional wellbeing of Aboriginal and Torres Strait Islander people through increased access to, and experience with, mental health and suicide prevention services.



STRATEGY 8.4.1

The OCP together with Aboriginal and Torres Strait Islander communities ensure the development of a statewide Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan through a State and Commonwealth interagency approach to guide service delivery and integration.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.4.1.1** Provide appropriate representation on the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan development group to ensure the inclusion of integration between mental health care sectors when planning service delivery
- 8.4.1.2** Ensure Aboriginal and Torres Strait Islander communities co design the plan and are involved in all aspects of planning, service delivery and evaluation
- 8.4.1.3** Ensure the plan identifies strategies and processes that improve coordination between mental health care sectors within the state
- 8.4.1.4** The OCP Steering Committee representative to report back to the Steering Committee quarterly as to the plan's status and progress

Outcomes:

- Completion of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Plan

8.5 Making Quality Central to Mental Health and Suicide Prevention Services

Adelaide PHN and the LHNs currently operate separate and different data collection and evaluation systems. Using a consistent approach across LHNs and Adelaide PHN in the collection of patient experience and outcome measures was considered an important first step in evaluating and improving shared services.

STRATEGY 8.5.1

Adelaide PHN, LHNs and the OCP to develop a consistent approach to the collection of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) by all partner organisations.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.5.1.1** Establish an Adelaide PHN, LHN and OCP integration data group to develop a consistent implementation approach to the collection of PROMs and PREMs across Adelaide PHN and LHN services
- 8.5.1.2** The OCP to provide leadership and direction to the LHNs on the implementation of PROMs and PREMs
- 8.5.1.3** Adelaide PHN to provide leadership and direction to commissioned service providers on the implementation of PROMs and PREMs
- 8.5.1.4** The integration data group to collect PROMs and PREMs outcome data to inform evaluation of services and integration

Outcomes:

- Implementation of a consistent PROMs and PREMs approach by all LHNs and Adelaide PHN by December 2022
- Develop IT processes to measure rate of referrals between LHNs and Adelaide PHN in relation to collaborative actions to inform the measurement of the Plan's effectiveness by December 2022 (refer to Strategy 10)

8.6 Improve Access and Integration of Services Across the Adelaide Metropolitan Region for Older People (65 years and older) Experiencing Mental Health Conditions

There are many opportunities for Adelaide PHN and LHNs to develop a more coordinated approach to service delivery for older people experiencing mental health conditions in the region. The establishment of a Community of Practice will enable a sustained approach to the identification of issues and the development of across sector solutions to ensure a more integrated approach to service delivery.

STRATEGY 8.6.1

Establish an Older People Community of Practice (CoP) where representatives from Adelaide PHN, LHNs, OCP, State and other stakeholders jointly explore opportunities for collaborative action and implementation to improve access to and between mental health sectors through increased integration.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 8.6.1.1** Ensure the development of the Older People CoP with representatives from Adelaide PHN, LHNs, OCP, SAMHC, older people with lived experience of mental health and other stakeholders
- 8.6.1.2** CoP to develop a Terms of Reference (ToR) to give purpose and direction to the development of collaborative actions and their implementation between mental health sectors
- 8.6.1.3** Develop a MoU to provide an operational framework for collaborative action in the way of service roles, responsibilities, referral criteria and step up and step down pathways, where appropriate
- 8.6.1.4** CoP to provide quarterly update reports identifying collaborative actions and their implementation status to the Steering Committee

Outcomes:

- The Older People CoP to be operational by January 2021
- Update reports provided quarterly to the Steering Committee by the Older People CoP

9. Implementation of the Plan

The Towards Wellness Plan 2020-2025 (TWP) articulates a vision, and identifies shared priorities, objectives, strategies and lines of action to support the collective advancement of integration between services across the mental health sector within the region.

The success of the implementation of the Plan will depend on an effective governance structure and strong leadership that fosters integration and a culture of collaboration. Lived experience will be an integral component of the governance structure and will inform how best to operationalise and evaluate all of the Plan's actions.

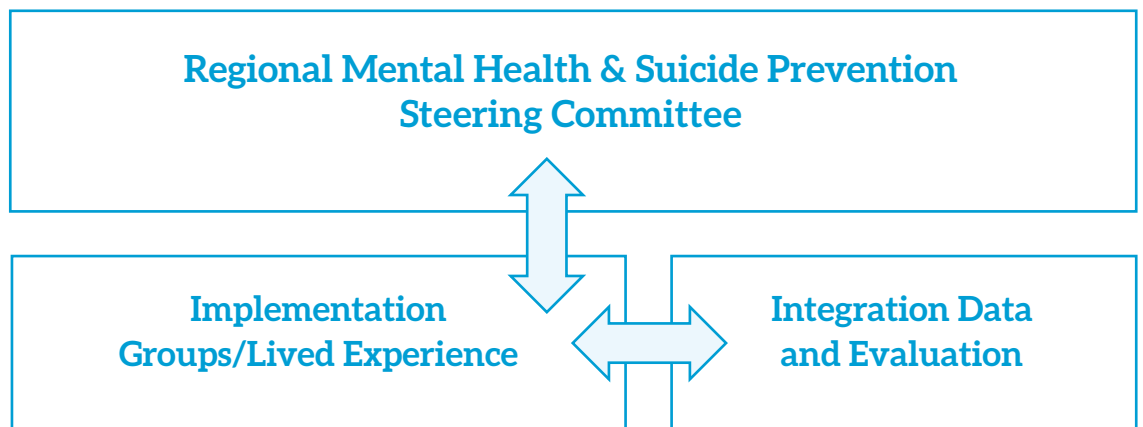


Diagram 5: Towards Wellness Plan Governance Structure



9.1 Develop an Effective Governance Structure and Strong Leadership to Foster Integration

STRATEGY 9.1.1

Develop a governance structure and strong leadership to oversee and coordinate the implementation of the TWP.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 9.1.1.1** Provide governance for the implementation of the Regional Plan's objectives, strategies and actions
- 9.1.1.2** Ensure the Steering Committee meets regularly to provide strategic direction, resource allocation, problem resolution and carriage for the implementation and evaluation of the Plan's actions
- 9.1.1.3** Establish LHN and Adelaide PHN Integration Implementation Group to provide coordination and implementation of the Plan's actions
- 9.1.1.4** Establish LHN and Adelaide PHN Integration Data and Evaluation Group to collect service data, monitor and evaluate service and integration outcomes
- 9.1.1.5** Establish MoU between partner organisations for the adoption of the Plan
- 9.1.1.6** Ensure sufficient resources are available for the implementation of the Plan

Outcomes:

- Governance and leadership structure is in place by December 2020
- MoU completed and signed by March 2021

9.2 Build a Positive Culture of Collaboration

Central to fostering a positive culture of collaboration is the promotion among partners and stakeholders of a shared vision supported by a common agenda. A shared vision informs collective aspirations, and guides coordination, collaboration and integration.

Vision Statement

A single regional mental health system that is accessible, easy to navigate and works in an integrated manner to plan, deliver and monitor person centred services together which improves the health outcomes of people with mental health conditions in the most effective and efficient way possible.

STRATEGY 9.2.1

Foster a shared vision, purpose and agenda for integration and collaboration among stakeholder organisations.

Actions:

The Regional Mental Health and Suicide Prevention Steering Committee to oversee the implementation of the following:

- 9.2.1.1** Build and communicate a shared vision of the future through the branding of the Plan and the development of a communication plan for its promotion
- 9.2.1.2** Implement the communication plan and encourage all partner organisations and stakeholders to communicate the vision and the Plan to their staff, stakeholders and the community
- 9.2.1.3** Encourage and support alignment of plan, projects, programs and processes with the integration vision and priorities
- 9.2.1.4** Encourage and assist organisations to adopt the strategies of the Plan into their annual plans
- 9.2.1.5** Ensure partners and stakeholders work in partnership when developing individual plans and services at both the local and regional level
- 9.2.1.6** Ensure the Plan's Integrated Service Design and Implementation Framework (p18) is used to guide planning and commissioning of integrated services now and into the future
- 9.2.1.7** Facilitate ongoing interaction with partner organisations for reporting, measuring, monitoring and refinement of the Plan

Outcomes:

- Development of the Plan's brand and communication plan by October 2020
- Promotion of the Plan across partner organisations, stakeholders and the community by December 2020

10. Measuring Progress of the Plan

STRATEGY 10.1

The integration groups to provide the Steering Committee with six monthly reviews of the Plan's implementation progress.

Actions:

- 10.1.1** Review implementation progress against the key priority areas and actions and report every six months
- 10.1.2** Include consumer (PROMs and PREMs) and provider input on their experience of integration and services
- 10.1.3** Review and refine actions based on experience measures
- 10.1.4** Identify areas for improvement and develop associated actions to ensure the timely implementation of the Plan
- 10.1.5** Identify areas of emerging need and shared concern for which collaborative action is required

STRATEGY 10.2

The Steering Committee to ensure the evaluation of the Plan's shared objectives to take place at two years (June 2022) and five years (June 2025).

Actions:

- 10.2.1** The Steering Committee to review how well the Plan achieves its shared objectives and outcomes
- 10.2.2** Evaluation to include consumer (PROMs and PREMs) and provider input on their experience of integration and services
- 10.2.3** Identify successes and areas for improvement and how this can inform future planning and integrated service delivery

APPENDIX 1

The Fifth Plan commits all governments to a systems based approach which focuses on the following 11 elements - WHO's Preventing Suicide: a Global Imperative (2014):

1. **Surveillance** – increase the quality and timeliness of data on suicide and suicide attempts
2. **Means Restriction** – reduce the availability, accessibility and attractiveness of the means of suicide
3. **Media** – promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media
4. **Access to Services** – promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care
5. **Training and Education** – maintain comprehensive training programs for identified gatekeepers
6. **Treatment** – improve the quality of clinical care and evidence based clinical interventions, especially for individuals who present to hospital following a suicide attempt
7. **Crisis Intervention** – ensure that communities have the capacity to respond to crises with appropriate interventions
8. **Postvention** – improve response to and caring for those affected by suicide and suicide attempts
9. **Awareness** – establish public information campaigns to support the understanding that suicides are preventable
10. **Stigma Reduction** – promote the use of mental health services
11. **Oversight and Coordination** – utilise institutes or agencies to promote coordinated research training and service delivery in response to suicidal behaviours

APPENDIX 2

Need Groups	Service Provision	
	LHNs	Adelaide PHN
CRISIS [Adult & Youth]		
<p>People with or without a diagnosed mental health condition who are in crisis and who require immediate assistance. These crises may have occurred as a result of breakdown of relationship, self-destructive behaviour, suicidal behaviour or harm to self or others.</p>	<ul style="list-style-type: none"> o Centralised emergency and crisis services 24/7 (including triage and emergency care) o Specialised mental health care services provided in acute or subacute setting in all the LHN regions and across the Adelaide PHN region by WCHN 	<ul style="list-style-type: none"> o Lived Experience Telephone Support Service (LETSS) o After Hours Walk In Service (north and south) <p>*Suicide Prevention</p> <ul style="list-style-type: none"> o Suicide Prevention Service – immediate follow up and psychosocial support o Living Beyond Suicide – postvention support for families bereaved by suicide o PsychMed – Structured Intervention Program (SIP) for people who have attempted suicide o PMHCS – follow up and stabilisation – Sonder and LTW
CHRONIC & COMPLEX (SEVERE)		
<p>People who experience mental health conditions that are severe in their impact on wellbeing and functioning and bring additional complexities such as difficulties with housing, employment and daily living.</p>	<ul style="list-style-type: none"> o Specialist community mental health care services including adult services, child and adolescent mental health services, older person's services and assertive outreach and crisis emergency services o Residential rehabilitation services and supported accommodation services o Services for Aboriginal and Torres Strait Islander people, Aboriginal Community Controlled Health Service (ACCHS) o The State Government also commissions NGO services for vulnerable people experiencing a high level of need, including accommodation and support 	<ul style="list-style-type: none"> o Psychological therapies and clinical care coordination for those experiencing homelessness o headspace Early Psychosis Program o CASSA – clinical-care coordination for CALD groups. o Psychological therapies and clinical care coordination for Aboriginal and Torres Strait Islander people o Clinical care coordinators – Sonder and Links to Wellbeing

Need Groups

Service Provision

LHNs

Adelaide PHN

- o State funded programs for specialised needs, e.g. perinatal, anxiety, depression, BPD, eating disorders, trauma, drug and alcohol services, etc.
- o IPU/EMERGE – functional recovery services (16-25 years)
- o Shared care (Adelaide PHN & State) extended psychological therapies
- o MiDBT – Mother Infant Perinatal BPD Groups
- o LETSS – Lived Experience Telephone Support Service
- o SPARS – Two After Hours Walk In Services (north and south)
- o PANDA – Perinatal Anxiety and Depression
- o Nunkuwarrin Yunti - Aboriginal & Torres Strait Islander specialised mental health services
- o PsychMed – people who have experienced trauma
- o GP Psychiatry Support Telephone Service

MODERATE

People who experience mental health conditions that cause significant disruption to daily life, wellbeing and functioning and can be of over 12 months duration.

- o headspace
- o Developing Minds and Sonder – psychological therapy for children 4-11
- o SHINE SA – psychological therapies and support for gender dysphoria or gender identity
- o Sonder & Links to Wellbeing Psychological Therapies for vulnerable groups
- o Primary mental health care services for people in Residential Aged Care Facilities (RACFs)

Need Groups

Service Provision

LHNs

Adelaide PHN

MILD

People who experience mental health conditions, including feeling of depression or anxiety, that impacts on wellbeing and functioning to a level that is concerning, but not overwhelming.

- o headspace
- o Developing Minds and Sonder
 - Psychological therapy for children 4-11
- o Calm Kids Central – online low intensity program for children and parents
- o Low intensity interventions – Sonder and Links to Wellbeing
- o Primary Mental Health Care Services in Residential Aged Care Facilities

AT RISK GROUPS (EARLY INTERVENTION)

People with signs of distress, including from traumatic life events such as a relationship breakup or job loss, may be at risk of developing a mental health condition if support is not provided early.

- o Calm Kids Central – online low intensity program for children and parents
- o headspace
- o Central Referral Unit (CRU)
 - providing a single point of entry to Adelaide PHN's primary mental health care services including triage, allocation and referral support, guidance to assist community members and GPs, ensuring seamless access to the right service at the right time
- o Primary mental health care services for people in Residential Aged Care Facilities (RACFs)

REFERENCES

- Angelakis I, Gillespie E L, Panagioti M, 2019**, Childhood maltreatment and adult suicidality: a comprehensive systematic review with meta-analysis. Psychological Medicine, Cambridge.
- Australian Bureau of Statistics (ABS), 2006**, Adult Literacy and Life Skills Survey, accessed October 2017, (p 36 changed percentage to numbers).
- Australian Bureau of Statistics (ABS), 2016**, Census of Population and Housing (Usual Residence), Reflecting Australia - Stories from the Census, 2016 - Aging Population, Catalogue Number: 2071.0.
- Australian Bureau of Statistics (ABS), 2016**, National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15.
- Australian Bureau of Statistics (ABS), 2017**, Census of Population and Housing 2016 (Enumerated), compiled by profile.id and presented in Adelaide Primary Health Network community profile.
- Australian Bureau of Statistics (ABS), 2017**, 3303.0 Causes of Death in Australia 2016, Australia.
- Australian Bureau of Statistics (ABS), 2018**, Causes of Death, Australia 2017 (cat.no. 3303.0; Data cube 11. Intentional self-harm (Suicide), Australia.
- Australian Institute of Health and Welfare (AIHW), 2018**, mental health services in Australia – Services provided in public emergency departments. Canberra: AIHW
- Australian Institute of Health and Welfare (AIHW), 2019**, Mental Health Services in Australia. Canberra: AIHW
- Australian Institute of Health and Welfare (AIHW), 2019**, Emergency department care 2017-2018: Australian hospital statistics. Canberra: AIHW
- Brisbane South Primary Health Network (PSPHN), 2018**, Brisbane South Mental Health Suicide Prevention and Alcohol and Other Drug Strategy 2019-2022, Brisbane South, QLD.
- Department of Health (DOH), 2015**, Australian Response to Contributing Lives, Thriving Communities – Review of Mental Health Services and Programs, Canberra.
- Department of Health (DOH), 2016**, An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring, Document for Primary Health Networks, Canberra.
- Department of Health (DOH), 2017**, Medicare Benefits Schedule, 2012/13 – 2016/17, unpublished.
- Department of Health (DOH), 2017**, The Fifth National Mental Health and Suicide Prevention Plan, Australian Government, Canberra.
- Department of Health and Aging (DHA), 2016**, Child and Adolescent Mental Health Model of Care: 'Who we are and what we do', Government of South Australia, Adelaide.
- Dudgeon P, Calma T, Milroy J, McPhee R, Darwin L, Von Hell S, Holland C, 2018**, Indigenous Governance for Suicide Prevention and Torres Strait Islander Communities: A Guide for Primary Health Networks, University of Western Australia and Black Dog Institute, WA.
- Education Development Centre, Inc, (EDC), 2015**, Zero Suicide in health and behavioural health care, www.zerosuicide.com, Accessed October 2019.
- Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W, 2017**, South Australian Aboriginal Health Needs and Gaps Report: Women's and Children's Health Network, Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide, unpublished.
- Health Performance Council of South Australia (HPCSA), 2016**, State of Our Health Report, (based on ABS 2013, Australian Aboriginal and Torres Strait Islander health survey: 2012-13).
- Health Priority Group, priority setting workshop, 2016** Adelaide PHN Needs Assessment 2019-2022, Mile End.

REFERENCES

Leitch E, Wright E, Harris M, Meurk C, Whiteford H, 2016, Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks: The University of Queensland, Brisbane.

Lewis S J, Arseneault L, Caspi A, Fisher H L, Matthews T, Moffitt T E, Odgers C L, Stahl D, Teng J Y, Danese A, 2019, The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales, *Lancet Psychiatry*, Vol 6: 247-256

Mental Health Commission of New South Wales (MHCNSW), 2014, Living Well: A Strategic Plan for Mental Health in NSW 2014-2024, Sydney, NSW Mental Health Commission

National Mental Health Commission (NMHC), 2014, Contributing Lives, Thriving Communities; Report of National Review of Mental Health Programmes and Services, NMHC, Sydney.

Profile Id 2018, Adelaide Primary Health Network community profile, <https://profile.id.com.au/aphn>

Public Health Information Development Unit (PHIDU), 2016, "An atlas of mental health conditions in South Australia: Population patterns of prevalence, risk factors, service use and treatment. Catchment maps for public Emergency Departments and hospital inpatients"

Public Health Information Development Unit (PHIDU), 2016, Aboriginal and Torres Strait Islander Social Health Atlas of Australia.

Public Health Information Development Unit (PHIDU), 2017, Social Health Atlas of Australia.

Public Health Information Development Unit (PHIDU), 2019, Social Health Atlas of Australia, Data by Primary Health Network (incl. Local Government Areas).

Roche A M, Fischer J, Nicholas R, Kostadinov V, 2016, Alcohol & Other Drugs Use in South Australia: Adelaide Primary Health Network Patterns and Prevalence, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, South Australia, unpublished.

Roche A M, Fischer J, McEntee A, Pidd K, 2017, Drug and Alcohol Use Among Select South Australian At-Risk Groups, National Centre for Education and Training on Addiction (NCETA), Flinders University, South Australia, unpublished.

SA Health, 2017, South Australian Suicide Prevention Plan 2017-2021, Government of South Australia, Adelaide.

South Australian Department of Health and Wellbeing (DHW), 2019, Mental Health Services Plan 2020-2025, Government of South Australia, Adelaide.

South Australian Mental Health Commission (SAMHC), 2017, South Australian Mental Health Strategic Plan 2017-2022, Government of South Australia, Adelaide.

The University of Queensland (UOQ), 2016, The National Mental Health Service Planning Framework – Commissioned and funded by the Australian Government of Health, Version AUS V2.1, The University of Queensland, Brisbane.

The University of Queensland (UOQ), 2016, Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks, The University of Queensland, Brisbane.

World Health Organization (WHO), 2014, Preventing suicide: A global imperative, World Health Organisation, Geneva.

World Health Organisation (WHO), 2015, People-centred and integrated health services: and overview of the evidence, Interim Report, World Health Organisation, Geneva.

World Health Organization (WHO), 2016, Integrated care models: an overview: working document, The Regional Office for Europe, Denmark.

World Health Organization (WHO), 2016, Framework on integrated people-centred health services, Sixty-Ninth World Health Assembly, World Health Organisation, Geneva.



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TOWARDS WELLNESS 2020