Better Access to Mental Health Support

SESLHD Mental Health Service - Liana Lapuz, Caitlin Goman, Chloe Clogher, Belinda West





In the past year, 22% of Australians experienced a mental health disorder.1

Case for change



In NSW, 45% of public mental health service users were new to the service.2

The South Eastern Sydney Local Health District (SESLHD) population is projected to surpass 1 million by 2033, resulting in a **24–25%** rise in ED visits and hospital admissions.³

The SESLHD Mental Health Service (MHS) invested in the MH VCC to address this increased demand. Since launching in 2022, consumers have highlighted issues with the fragmented mental health system.



'I tried to get help for a while, but no-one did anything, It was a miracle that I even got help...

I only wish I'd have gotten help sooner and things wouldn't have gotten this bad, I'd be able to leave my home and feel okay..."



Improve access to community mental health support for consumers discharged from SESLHD MH IPUs by enhancing access to the MH VCC, to facilitate long-term personal recovery within the community by June 2025.

Objective one

By June 2025, 40% of consumers referred to the MH VCC from SESLHD MH IPU will be discharged to external support and not represent to a SESLHD MHS IPU or emergency department within three months of discharge from MH VCC.

Objective two

By June 2025, 60% of the total number of consumers who engage with the MH VCC and complete a RAS-DS, return an improvement in their "Master My Illness Domain" score, at the end of the phase of care.

Method

- Manual audit of the 28-day readmissions from Feb – May 2022 n = 123
- Staff surveys: n = 54
- Staff focus interviews: n = 4
- Consumer focus interviews: n = 2
- Solution workshops: n = 17 staff
- Consumer brainstorming: n = 3
- Literature review
- Influence vs impact matrix: n = 10

The readmission audits told us...

of readmissions were within 7 days of discharge

56%

of readmitted individuals were initially discharged to their GP

Consumers & staff report the main barriers are..

Stigma Cost Wait times Difficult to navigate Inaccessible Unaccepted referrals

Diagnostics

How do the consumers feel?

"You're just trapped. Hopefully, you're not spiralling downwards. You know, you're just trying to stay above, you know, keep your head above water. That's all you can do and it feels like everyone is kind of against you"

Did you know?

The approximate cost of a mental health readmission is an initial \$2,000 and \$1,400 per 24hours thereafter



CMOs have a 2 - 9 month wait time



If not accepted by a SESLHD **CMHT** the recommendation is a **CMO** referral

Solutions



MH VCC & **PARC Partnership**

Increase the access to PARC for consumers without a CMHT through a partnership with the MH VCC



MH VCC eReferral

Transition referral form to an eReferral in eMR with the consumer's goals as a mandatory field



Review MH VCC Framework

VSASS & BARP collaboration that increases access to people at risk of a mental health readmission



28 REACT Report

Data capturing activity to gain insights to the pre-readmission journey in the ambulatory setting



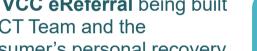
MH VCC eReferral being built by ICT Team and the



Revised MH VCC Frameworks pending endorsement, key elements include MH IPU in reach, warm discharge planning with GPs and service collaborations

Partnerships since implementation

Alcohol & Other Drug Services Prevention & Recovery Centre Eating Disorders Team **GP CNCs**



consumer's personal recovery goals has been made a mandatory field



Peer Support Teams Safehaven

PARC + MH VCC Case Study

Results

47-year-old male

Challenges: Loss of father, social isolation, frequent alcohol use, struggling with living skills and physical health, leading to suicidal thoughts, plan and intention

Intervention: Limited community supports led to the consideration of a mental health admission. Instead, the PARC + MH VCC care package was offered to the consumer

Outcome: Maintained safety in the community, now discharged and under the care of his GP and CMOs, awaiting NDIS access

Feedback: VSASS & BARP Partnership

"I felt like I was able to trust [staff name] when I usually don't trust health services or any government services for that matter..."



of total referrals
accepted Jan –
March 2024 were from a MH IPU



Direct Referral Pathway with the AOD Service

Sustaining change

additional SESLHD CMHTs

Expand eReferrals to



Explore partnerships with services such as PHN and the Virtual Health Hub



Present the project at the MOH Patient Flow Network



Implementation and reporting on revised KPIs



Evaluation

Complete MH VCC Service

Lessons learnt

- Utilise effective communication for risk mitigation
- Think outside of the box to gain stakeholders engagement
- Leverage unique skills and relationships within the team
- Approach resistance with curiosity and collaboration
- Discuss project scope openly to identify and resolve bottlenecks

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Acronyms

MHS - Mental Health Service MH VCC - Mental Health Virtual Care Centre

MH IPU – Mental Health Inpatient Unit CMHT – Community Mental Health Team

CMO – Community Managed Organisation PARC – Prevention and Recovery Centre

PHN – Public Health Network AOD - Alcohol and Other Drugs VSASS – Virtual Short-Term Assessment & Support

Service BARP – Blended Adult Rehabilitation Program

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