

INTEGRATED MENTAL HEALTH FORUM - OUTCOMES



ACHIEVEMENTS

The Integrated Mental Health Forum hosted by the Lower Hume Primary Care Partnership on 5 February 2020 at Flowerdale Estate achieved:

- Renewed commitment to the Goulburn Mental Health Stepped care Project and active engagement from agencies, departments and businesses from the local, state and federal arenas to improve mental health service, visibility and accessibility in Mitchell and Murrindindi Shires.
- An opportunity for participants as individuals, organisations and government to recalibrate how clients can be equal partners in the project.
- Clarity around the influences on the federal and state mental health arena, and insight around who the project needs to talk to.
- Immediately improved local relationships (through networking) that can deliver quick wins to clients.
- A steering committee to drive the project, with a Chair and resourcing committed from the Lower Hume Primary Care Partnership.
- Ideas for "What better looks like?"
- Agreed next steps.

KEY THEMES

- There is no downside to the project, the time is right
- We need to be flexible and be able to adapt quickly as our clients are not interested in systems just service that works for them.
- The voice of the Consumer is desired, and there needs to be work to ensure they are able to participate as equals.
- We need to think about what we need to give up to hear clients and to improve our services.
- General consensus on plan.
- Steering Committee must start
- Just meeting together is a positive step and made space for quick wins.



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TABLE FEEDBACK

HOW TO INVOLVE/LISTEN TO CONSUMERS?

- At every opportunity – feedback, complaints, conversations.
- Collate individual feedback from agencies to improve experience.
- Identify and consult with natural community leaders who have lived experience
- Representation across whole of age spectrum.
- Consumer Advisory Group –rep/s on the Steering Committee.
- “Breadth” – variety of ways – focus group, incidental (consent to share the story)
- Grievance/insights understood.
- Valuing complaints – genuinely listen, include them in solution.
- Consumer focused meetings.

WHAT DOES BETTER LOOK LIKE?

- Finding consumer voices that are not necessarily in our system.
- Why couldn't they access our services in this (our) area.
- More mental health nurses
- Integrated IT system where GP's can access data.
- Understand points of entry & dual diagnosis.
- Access/timely/understandable/telehealth/transport.
- Early consumer involvement.
- Agile & flexible workforce
- PACER Unit
- We know more about others services.
- Supported pathways, warm handovers.

WHO SHOULD BE ON STEERING COMMITTEE?

- Consumer = 4
 - PHNs = 3
 - GV Health = 3
 - DHHS = 2
 - GPs = 2
 - Community Rep (CALD, ATSI, Youth, local leaders) = 2
 - Practitioners (MH Nurses, Psychiatrists, ED General) = 2
 - Local government = 2
 - Headspace = 1
 - LHN = 1
 - Police = 1
- Decision makers who can represent their organisation

NEXT STEPS?

- Foundation of Steering Committee.
- Action Plan
- Active Engagement/PCP funding issues.
- Charter of commitments of orgs, funding, resources.
- Patient journey mapping with who is doing what and connectivity.
- Shared referral pathway.

NEXT STEPS

In recognition of the comments made by Matthew Hercus that “there is no downside to the project”, there was a strong sense from the four tables that the time is right to proceed with the development of the Steering Committee. They provided consistent advice on establishing the Steering Committee and charging them with:

- Defining a charter of commitment for organisations that ties in funding, resources, active engagement and appropriate representation
- Preparation of an action plan that outlines key funding requirements, expected outcomes and activity
- Refining and deciding on how the consumer voice can guide the project
- Developing an engaging advocacy and messaging plan
- Looking into patient journey mapping to inform a shared referral pathway.

