

CONFERENCE ABSTRACT

National Mental Health Service Planning Framework – Implementation of joined-up regional planning of mental health service delivery

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Yu Ching Ides Wong¹, Anna Davis¹, Pattie Hudson², Eryn Wright³, Elizabeth Leitch³,
John Allan¹

1: Mental Health Alcohol & other Drugs Branch, Queensland Health, Australia;

2: Sunshine Coast Health Network Ltd, Australia;

3: University of Queensland, Australia

Introduction: In Australia, as is the case in many developed countries, mental health service planning has been fragmented between the different levels of government and also within different sectors of the health system. The development of the National Mental Health Service Planning Framework (NMHSPF) Planning Support Tool, a population planning model that produces resource estimates to guide mental health service planning, represents an opportunity to provide a nationally consistent approach to service planning and delivery.

Description of policy context and objective: In 2015, the Australia Commonwealth Government established Primary Health Networks (PHNs) across the country to plan and commission local primary health services, including primary mental health services. PHNs have been working with relevant Local Health Networks, known in Queensland as Hospital and Health Services (HHSs), and other stakeholders to plan for mental health services that address local community needs.

The Fifth National Mental Health and Suicide Prevention Plan* sets out eight priority areas. One of the priority areas is “achieving integrated regional planning and service delivery” of mental health services. Its Implementation Plan identifies the use of the NMHSPF to inform integrated regional planning and service delivery between HHSs and PHNs.

Targeted population: The NMHSPF combines the best available evidence on the prevalence of mental illness and need for services, as well as the types and levels of care required for different target populations, and efficient standards of mental health service operation.

Highlights: To realise integrated regional planning and service delivery, the Mental Health Alcohol and Other Drugs Branch, Department of Health, Queensland, is implementing projects and training to support HHSs to develop joint regional plans with their corresponding PHNs. This includes a pilot project, facilitated by the Queensland Centre for Mental Health Research, to apply the NMHSPF to inform integrated mental health service planning in the Central Queensland, Wide Bay and the Sunshine Coast HHS catchments, with the corresponding PHN.

This pilot project represents the initial trial of the NMHSPF's application for service planning across sectors and in a mix of urban and rural settings, and will be duplicated across the state.

Comments on transferability: Grounded in best available evidence, this process of developing joint service planning may be applied to other types of health services and other regions where service planning and delivery is fragmented between levels of government and/or service sectors.

Conclusions: The findings of the pilot project has demonstrated the NMHSPF can be adapted to provide key information about regional needs, and be used to stimulate ideas for alternative service models to improve service delivery in rural areas. Gap analysis which measures available resources against predicted needs, as identified in the NMHSPF, highlights the need for accurate data on current service provision and delivery. Finally, the process of jointly applying the NMHSPF facilitates the development of partnerships,

further strengthening regional integration and coordination.

*Currently in draft form

Keywords: mental health; joint planning; integrated care
