

CONFERENCE ABSTRACT

Managing the delivery of Short Term Mental Health Services to underserved and/or hard to reach populations

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Ours is a collaborative approach to managing the delivery of short term mental health services for targeted populations. Implementing the Whānau Tahi Connected Care Management System (WTCC) to support the management of the Psychological Support Services Programme (PSS) has enabled Central & Eastern Sydney Primary Health Network (CESPHN) to attempt to address some key challenges.

Coordination between health professionals involved in managing and delivering the Psychological Support Services (PSS) programme is key to successfully supporting clients to ensure they do not succumb to falling through the gaps, delays in delivering services, funding and compliance gaps.

Stakeholders from CESPHN and service provider organisations worked with Whānau Tahi to develop and implement coordinated processes and a technical solution for managing the seamless delivery of the PSS programme from client referral, admission, delivery of services and discharge.

The aim of this change was to have a single point of assessment, centrally manage the referral and admission process, allocate clients to providers from external organisations and standardise processes and data collection. This enabled better access to and timely provision of services to clients, accurate funding and compliance with governance frameworks.

The targeted population are those with a diagnosable mild to moderate mental illness who fit into one of the following underserved populations: Children and Young People (0-25 years); Women experiencing prenatal/postnatal depression; People who identify as Aboriginal and/or Torres Strait Islander; People from Culturally or Linguistically Diverse (CALD) backgrounds; and People who are at risk of suicide or self harm. Stakeholders involved in the delivery of this programme include GPs and community providers who refer clients, CESPHN who triage and allocate clients to mental health providers for service delivery and Department of Health (DOH) for compliance reporting.

Timeline: Implementation of standardised processes and a single technical solution for managing the programme went live in early 2013. CESP HN continue to work closely with Whānau Tahi to implement further enhancements.

Highlights: The centrally coordinated single point of assessment referral process allows for clients' eligibility to be reviewed in a timely manner and to be allocated to mental health professionals by the contracted organisations.

The ability for mental health professionals from external organisations to enter details of services provided as they are completed allow CESP HN to track the services delivered near real time and better re-allocate funding where a client no longer needs it.

The solution has also provided the ability to report on some PSS data from a single source.

Sustainability and transferability: The approach to coordinating the connected care for the PSS programme presented here is being trialled , with further development required by the CESP HN and Whau tahi.

Conclusion: A centrally coordinated referral process supported by technology enables programme coordinators to easily review client eligibility, allocate funding which results in timely service provision to the hard to reach and/or underserved clients of the PSS programme. It is hoped this approach will be applied in additional settings to facilitate the coordination and delivery of services in similar programmes.

Keywords: mental; health; underserved; populations; integrated
