

POSTER ABSTRACT

Cat herding for beginners: lessons in mental health integration from a small Australian jurisdiction.

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Introduction: This presentation will report on the journey taken in the Australian Capital Territory (ACT) towards development of an integrated regional plan for mental health and suicide prevention.

Description of Policy Context and Objective: Despite some apparent natural advantages (limited size and population), mental health care in the ACT is more fractured than integrated. Our health system is under enormous pressure and currently subject to formal, independent inquiry. Our mental health services are fragmented, too often leaving people to fall into the gaps between services. Yet the ACT has the second highest expenditure on mental health services per capita in Australia.

To address this situation, the Capital Primary Health Network and the ACT Health Department have invited the community to contribute to a process of co-designed reform. This has involved consumers and carers, as well as public and private health professionals from primary, secondary and tertiary services. It has also engaged people from outside of health in a broader conceptualisation of change in relation to the social determinants of health: housing, education, employment, community services, the police, prison services and others.

Target Population: The entire Canberra community, as well as the broader region.

Highlights (innovation, impact and outcomes): Our method began with identification of key archetypal case studies which account for around 80% of all mental health business in the ACT. We invited the Canberra community and experts to test these case studies. We asked people what would fundamentally shift the trajectory of these typical consumer journeys towards better outcomes? Responses came at different levels; some were immediate and practical short-term ideas for service improvement; others were longer term and more complex solutions to enhance integrated care – for example to shift from fee for service models of financing to other models.

The level of public engagement in thinking about the future of mental health in the ACT is unprecedented. Working groups have been established, public consultation has occurred, and online feedback has been secured. A new plan is emerging from this work.

But the future is uncertain. Federal and Territory governments seem to support separateness rather than integration. There are competing policy and funding paradigms – individual choice vs population-based rationing. Staff under pressure working in public services struggle to engage in processes of reform. Perspectives on priorities differ considerably between stakeholders.

Comments on Transferability: The experiences of the ACT tell a story of universal interest about local change and reform.

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Conclusions (key findings, discussion and lessons learned): Even in a small place, where key stakeholders know each well, integration is by no means obvious or straightforward. Policy reforms must be supported by sustained effort to drive the culture of integration. With consumers and their families at the centre of this integration, care must be taken to nurture inter-disciplinary recognition and respect. This is the wellspring of genuine integration. Without this, a rich country like Australia risks wasting resources and leaving people vulnerable to poor care.

Keywords: mental health; planning; policy; integration; co-design
