APPLYING A STEPPED CARE APPROACH TO MENTAL HEALTH

HEALTH INFORMATION
- Public information
- Self-help strategies
- Digital mental health services

EARLY INTERVENTION
- Public information
- Self-help strategies
- Digital mental health services
- Peer supports

LOW NEEDS
- Public information
- Self-help strategies
- Digital mental health services
- Peer supports
- GPs and allied health services for those who require them

MEDIUM NEEDS
- Public information
- Self-help strategies
- Digital mental health services
- Peer supports
- Face-to-face primary care and clinician-assisted digital mental health
- GPs and allied health

HIGH NEEDS
- Public information
- Self-help strategies
- Digital mental health services
- Peer supports
- Coordinated, multiagency, face-to-face clinical care including GPs, allied health professionals and mental health nurses

1. Matched to choice & need
2. Flexibly adapt to change
3. Person focused referral
4. Service options provided
5. Person led focus & plans
6. Crisis pathways
7. Flexible access
8. Connected services & supports
9. Quality accountability
10. Focus on underserviced groups

1: Matched to choice & need
Service intensity is matched to need. The ideal intervention is the least intensive and least intrusive, but most likely to lead to the most significant possible gain. Importantly, the decision is driven by individual choice. Where possible, the system should align to the needs of the person, rather than the person having to align to the system.

2: Flexibly adapt to change
Stepped care approach recognises that a person’s needs can change over time and therefore services should have the flexibility to cater for these changing needs.

3: Person focused referral
Flexibility is critical and allows an individual to move with ease across services without needing to be re-referred, and re-tell their story. Assessment and review is embedded and ongoing.

4: Service options provided
PHNs will aim to commission and connect a range of services to meet community needs. The goal is to address demand, and provide individuals with choice and service options.

5: Person led focus and plans
Recovery plans and arrangements are led by the person, focused on the person’s needs and goals. These plans also connect the person’s care team, as well as family and carers if desired.

6: Crisis pathways
There is always a pathway available to people with high or urgent needs, and access to specialist mental health services is fast-tracked through regional integration.

7: Flexible access
Improved access is essential. It is supported by clearer referral processes, extended service hours, flexible modes of delivery, and readily available support to navigate services.

8: Connected services and supports
The services commissioned by the PHN are well connected. This includes informal supports, primary care, specialist supports, hospitals, NDIS, non-government, private and social supports.

9: Quality accountability
Providers lead a robust operational process, with clinical governance in place, quality management and improvement, reportable and measurable outcomes, evidence based interventions. Services have a meaningful and measurable impact on population health needs identified in regional needs assessments.

10: Focus on underserviced groups
The system is adaptive to changing local community needs, policy, and service directives. PHNs focus on the populations and communities that are underserviced, at risk, and who find services difficult to access.