Mental Health
Stepped Care Model

Better mental health care in South Eastern Melbourne
About South Eastern Melbourne PHN

South Eastern Melbourne Primary Health Network (SEMPHN) works on behalf of the Australian Government to improve local health care.

We want everyone in our community to be able to access the right care, in the right place, at the right time.

We are improving access to existing services, commissioning new services to fill healthcare gaps and supporting GPs and other providers to find innovative ways of better caring for the community.

Our six key priorities are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health and aged care. We partner with general practitioners, other primary health care providers, hospitals and communities to get better outcomes for patients.

We respectfully acknowledge that we work on the traditional land of the Kulin Nation and we acknowledge the Wurundjeri people who are the traditional custodians of this land. We pay respects to community members and elders past and present.

Welcome to the Mental Health Stepped Care Model – A better approach to mental health care in South Eastern Melbourne

Within Melbourne’s south-east, 40 percent of our community (over 300,000 people) have mental health needs. These range from more minor issues requiring short-term support to severe mental illness requiring intensive treatment over a number of years. There are also significant service gaps within our region.

Primary care is the backbone of the Australian health system. One-in-eight GP appointments relate to mental health and only half of those in need currently seek help. GPs and practice staff are usually the ‘first responders’ for mental health concerns, making their role in connecting patients and mental health providers vital in improving mental health of our community.

In partnership with primary care providers, support services and consumers, South Eastern Melbourne PHN has developed our Mental Health Stepped Care Model, which aims to ensure each person gets the right care for them in a timely and accessible way.

We are using the model to guide the commissioning of new services in our region. In the short term, this means transitioning services like Access to Allied Psychological Services (ATAPS) and Mental Health Nurse Incentive Program (MHNIP) to new service models and locations to better meet community needs.

For primary health practitioners, it means supporting you to offer your patients better care for their mental health needs through a system that is efficient and easy to navigate.

For the community, this means access to the mental health support they need to aid recovery. For service providers, it means a stronger service system capable of delivering better health outcomes.

I look forward to working with you as we roll out the Stepped Care Model across our region.

For patient referrals and information about available mental health services, please call 1800 862 363.

Please note that this is a summary document and you can download and read the full Stepped Care Model at www.semphn.org.au.
The role of primary health providers

Primary health at the centre of mental health care

One of the key roles of PHNs is to provide support to primary health providers and to commission new services that will enable patients to get the best care possible in a timely and effective way.

We have established our Access & Referral service (1800 862 363) and Transitioned ATAPS and MHNIP to their new service arrangements.

The mental health service system is complex, confusing and has a range of service gaps and access issues in many geographical areas. There is also a lack of clarity around how available services should be matched to need and what recovery pathways and health outcomes they can offer.

Adam’s Story

Adam is 27 years old and lives at home with his mum. He has experienced episodes of depression and anxiety in the past and his mum is concerned that he may be unwell again. He has a Health Care Card and accesses the online information on the beyondblue website to identify supports that are available.

Adam chooses to complete a short online program to address his anxiety, but three weeks later is still feeling unwell. He makes an appointment to see his GP and they discuss his options.

Adam’s GP links him into a local peer-led support service and he chooses to contact an email-based ‘helpline’ and with regular support from the peer-led email account he is starting to feel more confident.

A month or so after first emailing the peer-led email account, Adam’s relationship with his girlfriend hits a rough patch. Adam feels his anxiety rising again, and returns to his GP to discuss his symptoms.

The GP completes a Mental Health Treatment Plan and as part of that plan, recommends that Adam see a psychologist through the SEMPHN Accessible Psychological Interventions (API) program.

After seeing the psychologist every three weeks for a few months, and regularly practicing his relaxation and coping skills, Adam feels that he is in a much better place. His final session with his psychologist includes a review of how he has progressed and the skills he has learnt.

Adam returns to his GP for a regular check-up. Adam’s GP and Adam agree to another appointment in a month.

Adam is now regularly employing a few self-care strategies which he has acquired from the psychologist and the peer-led email account and is able to maintain stable mental health.

If Adam feels that he needs support again he has agreed with his GP that he will return for a wellbeing check-up.

Key features

Key features of the Mental Health Stepped Care Model

The Mental Health Stepped Care Model responds to local need across Melbourne’s south-east and is based on national, state and local population data.

It groups areas of common need along the spectrum of mental health disorders, ranging from low intensity short-term issues to complex and enduring mental illness. Services and interventions are then matched to the areas of need they best respond to.

This model provides a structure for mental health services, but these services are provided by a range of different government, community and private providers. South Eastern Melbourne PHN (SEMPHN) only directly funds a small proportion of these.

One of our key focuses is on improving access and health outcomes for traditionally under-serviced groups, including children, CALD and migrant communities, Aboriginal and Torres Strait Islander people, people at risk of suicide, and other hard-to-reach groups.

Referrals may come from anyone, including medical practitioners, self-referral, schools and social services.

Primary health practitioners will be supported to navigate existing and new mental health services by SEMPHN’s Access & Referral.

This provides a single point of access for consumers, GPs and other health providers via telephone during business hours.

Mental Health Stepped Care Model Principles

Person-centred to ensure equitable care, cultural safety, choice and control and a positive service experience for consumers and carers

Effective to ensure improvements in mental health and wellbeing and reductions in regional rates of suicide and self-harm

Flexible to ensure people get the right care in the right place at the right time

Efficient to ensure care is available equitably across the region and resources are used efficiently

Timely to provide people with early intervention and reduce demand for high-cost emergency services

Coordinated with other health services to support improved cultural, physical and social responses and better health outcomes
Our model for stepped mental health care

About the model

This model describes an approach to primary mental health care where health needs and priority groups are matched to ensure each person gets the care they need. The stepped care approach has been adopted nationally by PHNs.

Services encompassed by this model include those directly funded by the Federal and Victorian Governments as well as those funded through South Eastern Melbourne PHN and those operated by private providers.

Please contact Access & Referral on 1800 862 363 (business hours) for more information and referrals to services.
System entry can be through self-referral or by natural supports e.g. friends, family.

Some services (e.g. online) will not require support from SEMPHN Access & Referral.

Services:
- at-risk
- mild-moderate
- severe/complex

Some consumers whose needs can be met by natural supports may exit the stepped care model.

System entry can also be through GPs, other health professionals, social service providers e.g. housing services, and other connections.

As mental health needs change, people can step up to higher intensity or step down to lower intensity services, with help from SEMPHN Access & Referral.

As required, and development of treatment plan.

Consumer journey in stepped mental health care
Priority Groups

Not everyone in our community has the same access to healthcare. Many have barriers that make it more difficult to navigate the system and access an appropriate response.

This model is based around understanding and overcoming these barriers through specialist services and access pathways.

Our goal is to level the playing field when it comes to mental health services and give everyone a chance for better health and a meaningful life.

The following groups will be prioritised through our commissioned services:

- Children under 12
- People living in residential aged care facilities
- Aboriginal and Torres Strait Islander people
- People experiencing homelessness
- People at risk of suicide
- Culturally and linguistically diverse communities
- People with perinatal depression
- People with substance use disorders
- People who have experienced family violence

Sharon’s story

Sharon is a 36 year old woman who has been couch surfing after leaving an abusive partner.

She’s previously been diagnosed with a number of mental illnesses, but is not being treated for any at the moment.

Sharon accesses a homelessness support service, as she recently moved to the Dandenong area.

This service identifies that Sharon has significant mental health issues and no supports in place.

A GP discusses Sharon’s previous diagnoses and her current mental state. Together they develop a Mental Health Treatment Plan.

The GP also refers her to SEMPHN’s Mental Health Integrated Complex Care (MHICC) service, recognising that Sharon has a number of complex needs.

The MHICC service assigns Sharon a Mental Health Nurse who oversees her clinical care co-ordination. The Nurse refers her to a specialist psychiatrist for further assessment and treatment.

Sharon attends her appointment with the psychiatrist and establishes an ongoing treatment plan.

The practitioners supporting Sharon hold regular case conferences to discuss her progress and any additional supports she might need.

A mental health worker, as part of her MHICC service, also organises for Sharon to be connected to a range of social supports.

As well as her original housing support service, Sharon is referred to a community legal service, an education and vocational training provider, and financial service.

Service transitions

Our commissioning and tendering process

Our role in the health system is to identify the needs of local communities and any service gaps. Where needed, we design and commission new services through our Commissioning Framework.

1. Assessing needs and priorities
2. Strategic planning and specifying services
3. Contracting and procurement
4. Monitoring and managing performance
5. Evaluation

Supporting an efficient transition to new services

There is not currently a strong connection between areas of community need and services that can provide an appropriate response. There are geographical areas within our catchment that are well serviced in some areas and others that are severely under-serviced.

Over the next year there will be a transition as some currently funded services change and other new services are introduced. You can subscribe to updates at www.semphn.org.au.

Implementation will be staged and our priority is to minimise disruption for consumers, GPs and other health/service providers.

The Access & Referral service (1800 862 363) will provide an active support to GPs and other health care providers - both during and after the transition.
Please note that this is a summary version of the Mental Health Stepped Care Model. Visit www.semphn.org.au/commissioning/mental-health for the complete version of this document. You can contact our team using the details above for more information about the Mental Health Stepped Care Model or South Eastern Melbourne PHN’s work.