



ADVICE TO THE COMMISSIONER FOR MENTAL HEALTH

One Stop Shop Initiative

19 June 2020

BACKGROUND

The Mental Health Advisory Council (MHAC) and the Alcohol and Other Drugs Advisory Board (AODAB) held a joint input session on Thursday, 14 May 2020 for the specific purpose of giving joint input and advice to the Mental Health Commission's (MHC) One Stop Shop (OSS) initiative. During this meeting, Ms Sue Jones and Ms Stacey Child from the MHC, and Mr Ian Sheldrake from Nous Group provided an overview of the initiative.

ADVICE

Given the above, MHAC and the AODAB provide the following advice:

Clientele

- Include 'families looking for help and support on their own behalf' as one of the potential clientele groups.

'First Do No Harm'

- The Executive Summary of the 2018 New Zealand Government Inquiry into Mental Health and Addiction¹ highlighted the "*cruelty of being encouraged to seek help from unavailable or severely rationed services*".
- Given that there are already identified gaps in service availability, particularly in relation to a number of vulnerable groups, it is important that the OSS does not compound the situation for help-seekers by inappropriate or ineffective referrals.
- The OSS could play an active part in identifying and reporting on these gaps as part of creating a more integrated system.
- The reporting on gap identification should be included as part of the formal OSS evaluation process.

Referrals

- All referrals must be treated as 'warm' referrals. The referrer needs to stay in contact and support the consumer until the consumer is satisfied that the referral has been properly actioned. Follow-up processes to ensure a smooth transfer of care need to be incorporated in the OSS.
- The OSS will need 'hot referrals' for people in crisis. The group identified in the 2019 Auditor's General report² as the 10% of people that are frequent presenters at Emergency

¹ <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/executive-summary/>

² Office of the Auditor General Western Australia. 2019. *Access to State-Managed Adult Mental Health Services*. Retrieved from <https://audit.wa.gov.au/wp-content/uploads/2019/08/Access-to-State-Managed-Adult-Mental-Health-Services.pdf>



Departments, are people who are often known to and regularly effectively excluded from services. There needs to be a way to identify these individuals and to ensure there is a fast track referral system for this particularly vulnerable cohort so that they do not continue to fall into the gaps.

- Sufficient information needs to be included in the referral from the OSS to ensure the consumer does not need to repeat their history or experience to the service provider to which they are referred.
- Referrals from the OSS must have 'weight'. There needs to be a principle that referrals from the OSS must be accepted to avoid a second triage by the receiving service. A service cannot reject a referral but if they believe there is a more appropriate service, they can refer the person on. This secondary referral needs to be done in consultation with the OSS to ensure that the principle of smooth transfer of care for the consumer continues to be maintained.
- The OSS needs a system to prioritise referrals so people's access to services is as quick as possible. If a service cannot see someone in a timely manner, then this needs to be flagged by the receiving service and alternative referrals need to be made to ensure that consumer gets the care they need as soon as possible.
- The language used in referrals was identified as a critical factor in ensuring that a referral would be accepted. Triage officers must understand and tailor the specific language they use so appropriate referrals can be made and are most likely to be accepted.
- An effective IT system will be needed to ensure that referrals and intake flow well. Bridging e-referral systems, like the PRISM system being trialled in New South Wales³, can be purchased which allow people at intake to view when the next appointment at a government provider or community service is available and to make the appointment directly.


Triage and navigation role

- The OSS needs to have both a triage and navigation role to effectively link consumers to the service/s required.
- It will be essential to ensure triage staff can speak the right 'service language'.
- Triage staff will need to be highly skilled in assessment, referral and system navigation. They also need to be sufficiently trained on all the services that are available to limit bias in referral towards a select few.
- People with lived experience and their families and supporters are often highly skilled in navigating the mental health and alcohol and other drug systems as well as across allied systems. It is important to recognise these skills in recruitment processes as well as dedicating some peer roles in the OSS.

Launch and pilot sites

- It is important that the OSS works effectively from its launch date, otherwise service users' trust in the service will be eroded.
- An initial soft launch was suggested which would provide the opportunity ensure the service is fit-for-purpose by trialling it and using initiatives such as mystery shoppers to test the processes before a full launch. This trial period would help to iron out any glitches and heighten consumer confidence and trust in the service when it is launched.
- After the soft launch, the official launch should be widely and repeatedly promoted to ensure different groups in the community understands the role of the service and how to access it.

³ <https://www.cesphn.org.au/news/latest-updates/57-eneews/1993-seslhd-is-developing-a-new-hepatitis-c-ereferral-system>

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- It would be optimal to have both a regional and metropolitan pilot with embedded processes for continuous quality improvement based on user evaluations.

System fit

- To understand the scope of the OSS, it needs to be clear where the service will sit in the model of care for responding to people in distress and how the service will fit beside current triage and referral services. A clear interface with the Mental Health Emergency Response Line (MHERL) was seen as particularly important.

Name

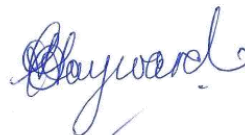
- As part of the soft launch, the MHC could run a competition to name the service. This naming campaign could be used as a marketing opportunity for the new service.
- It is important that the name is simple and reflects what the service does so that people unfamiliar with the mental health and alcohol and other drug systems can locate it easily.
- Possible Names were suggested which included: One Door Many Paths; Mental Health Switch Board; Mental Health & Alcohol and other Drug Help Centre; and Warm Connect.

Sincerely



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Mental Health Advisory Council

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Colleen Hayward
CHAIR
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