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Western NSW PHN Stepped Care Approach for Mental Health

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Introduction

Western NSW Primary Health Network (WNSWPHN) covers both Far West and Western NSW Local Health Districts. Western NSW PHN is one of 31 Primary Health Networks across Australia with our PHN being the largest in NSW covering a total area of 433,379 square kilometers.

- Primary Health Networks (PHNs) were established by the Australian Government in 2015, with the purpose to:
  - *increase the availability, efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes; and*
  - *improve coordination of care to ensure patients receive the right care in the right place at the right time*
- PHN's work directly with General Practice, other community care providers, secondary care providers, hospitals, consumers and the broader community to ensure improved outcomes for patients.
- PHN's are outcome focused organisations working to improve frontline services whilst ensuring better integration of care between primary and acute care services.

Mental Health and Drug & Alcohol expectation of PHN's

- Undertake comprehensive regional mental health planning and identify primary mental health care service gaps within a stepped care approach;
- Develop approaches to new service areas to broaden the service mix, such as low intensity services and services for young people with severe mental illness;
- Promote a stepped care approach and better target appropriate referral to mental health and related services;
- Develop linkages with and between relevant services and supports;
- Establish mental health specific clinical governance arrangement.

This Stepped Care Approach to Mental Health document has been created to provide background information on the WNSW PHN Stepped Care process for stakeholders, providers and the community.

Stepped Care implementation is an objective in the WNSW PHN Mental Health Activity Work Plan (priority area 7) which can be found on our website. http://www.wnswphn.org.au/commissioning/activity-work-plans

WNSWPHN Stepped Care approach to Mental Health has been developed in conjunction with the Stepped Care Integration Planning Executive Group (SCIPEG) and is underpinned by the Commonwealth Government Stepped Care Guidance documents (http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)

The Strategic Vision of WNSW PHN's Mental Health Program

Primary Health Networks have been given the task of commissioning a continuum of mental health services in the primary health sector within a stepped care approach to ensure that a range of service types are provided within the local region. These services must make the best use of available workforce and technology resources to better match individual and population need. Stepped care is central to the Government's mental health reform agenda and will be used to guide regional mental health activity.

WNSW PHN has taken a lead role in the coordination of regional mental health and suicide prevention planning by co-designing and implementing an evidence based primary health stepped care model. In identifying 'local' need, the WNSW PHN region will be increasing the sophistication of needs assessment and conceptualizing the region as clusters of service domain that have both geographic and demographic similarity.

PHNs will be expected to ensure primary mental health service options are available within a stepped care approach to include low intensity mental health service options for people with or at risk of mild mental illness. PHNs also have a role in actively promoting the availability of mental health services that are low or no cost to consumers, including the digital mental health services that the digital mental health gateway will refer users to.

In developing the stepped care framework, emphasis will be given to the utility of the framework to achieve commissioning decisions in the six priority funding areas identified by the Commonwealth:

- Improve targeting of low intensity psychological services
- Cross sectorial early intervention for children and young people
- Address service gaps in provision of psychological services to rural, remote and hard to reach populations
- Management of severe and complex needs in a primary care setting through coordinated mental health packages and mental health nurses
- Suicide prevention
- Aboriginal and Torres Strait Islander service integration.

Primary Health Care

Primary Health Care is the first level of contact that individuals, families and communities have with the health care system.

Primary Health Care:

- Incorporates personal care with health promotion, the prevention of illness, early intervention, community development, treatment and management;
- Includes the interconnecting principals of equity, access, empowerment, community self-determination and inter-sectorial collaboration;
- Encompasses an understanding of the social, economic, cultural and political determinants of health.

Primary health care encompasses a large range of providers and services across the public, private and non-government sectors.

At a clinical level, it usually involves the first (primary) layer of services encountered in health care and requires teams of health professionals working together to provide comprehensive, continuous and person centered care.

While most Australians will receive primary health care through their GP, primary health care providers also include nurses (including general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, Aboriginal health workers and peer support workers.

Services may be targeted to specific population groups such as older persons, maternity and child health, youth health, people living in rural and remote areas, Aboriginal and Torres Strait Islander people, refugees, and people from culturally and linguistically diverse or low socio-economic backgrounds.

Social determinants of health strongly influence the health of individuals and communities, and affect the sustainability and accessibility of health services. It is therefore important that primary health service planning and delivery recognises the influence that factors such as housing, education, employment, infrastructure and transport can have on the health of those who live in the community, and build partnerships across sectors when there is a need to address specific issues affecting a community.

Why is Primary Health Care important?

A strong, accessible primary health care system reduces pressure on hospitals by supporting people to manage their health issues in the community. It is the basis underpinning population health outcomes and the key to ensuring we have a high-quality sustainable health system into the future.

Primary Health Care Setting

A Primary Health Care setting is referred to as the place or type of surroundings where primary health care takes place or is located.

A primary health care setting may include:

- General & Private Practice
- Community Centres i.e. headspace
- Rehabilitation Centres
- Home care
- Educational settings

Primary Health Care can be provided in a range of settings if supported and endorsed through care partnerships.

Primary Health Care settings provide equitable, high quality and financially stable service that are delivered by a suitably skilled workforce comprised of multidisciplinary teams, supported by integrated referral systems.

Stepped Care Integration Planning Executive Group (SCIPEG)

The Western NSW Mental Health and Drug & Alcohol Stepped Care Integration Planning Executive Group (SCIPEG) has been established to bring stakeholders together, at a peak or executive level, to co-design the stepped care model. This has involved drilling down through each step and ensuring that the specific needs of their constituents are prominent in the co-designed process.

The SCIPEG is jointly chaired by the Western NSW PHN and the Local Health Districts (Western and Far West) with the aim to identify service gaps and design improved mental health services that match the needs of the community.

The SCIPEG consists of 13 organisation members:

- Western NSW Primary Health Network
- Western NSW Local Health District
- Far Western Local Health District
- Mental Health Commission of NSW
- Department of Education
- Western Clinical Council
- Far West Clinical Council
- Mental Health Coordinating Council
- NSW Department of Family & Community Services
- The Australian College of Mental Health Nurses
- NADA
- ARAFMI – Mental Health Carers NSW

To ensure that the workings of the Executive Group has both support and guidance in the mitigation of organisation or constituency interest it is proposed that the operation of the Executive Group is based on the principals of Collective Impact. These include:

1. Shared vision
2. Shared data
3. Continuous communication
4. Mutually reinforcing activity
5. A backbone organisation providing coordination and leadership.

Stepped Care

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, tailored to the individual's needs. Within a stepped care approach, individuals and clinicians can work together to transition up to higher intensity services or transition down to lower intensity services.

A stepped care approach is aimed at preventing underservicing for people with higher levels of clinical need and over servicing for those with lower levels of need.

The aim is to identify any primary mental health care service gaps within a stepped care approach to primary mental health services.

Primary care programmes will be redesigned to reflect the different levels of care needed by consumers, moving from a 'one size fits all' approach to a system that optimally meets individual needs.

A continuum of primary mental health services within a stepped care approach will ensure a range of service types, making the best use of available workforce and technology, are available within the local region to better match with individual and population need.

The Primary Health Stepped Care Model will have a commencing interface with the Commonwealth Digital Gateway and will engage a range of technologies and information dissemination that provides a comprehensive range of self-help options to people with a mental illness or suicide enquiry in a primary health setting.

The model will provide a series of indicators for providers and consumers that enable step up and step down movement across the identified steps.

Stepping up in response to increasing acuity will increase the support that the person will receive to both navigate and access services, and to deal with their personal journey through the primary health sector.

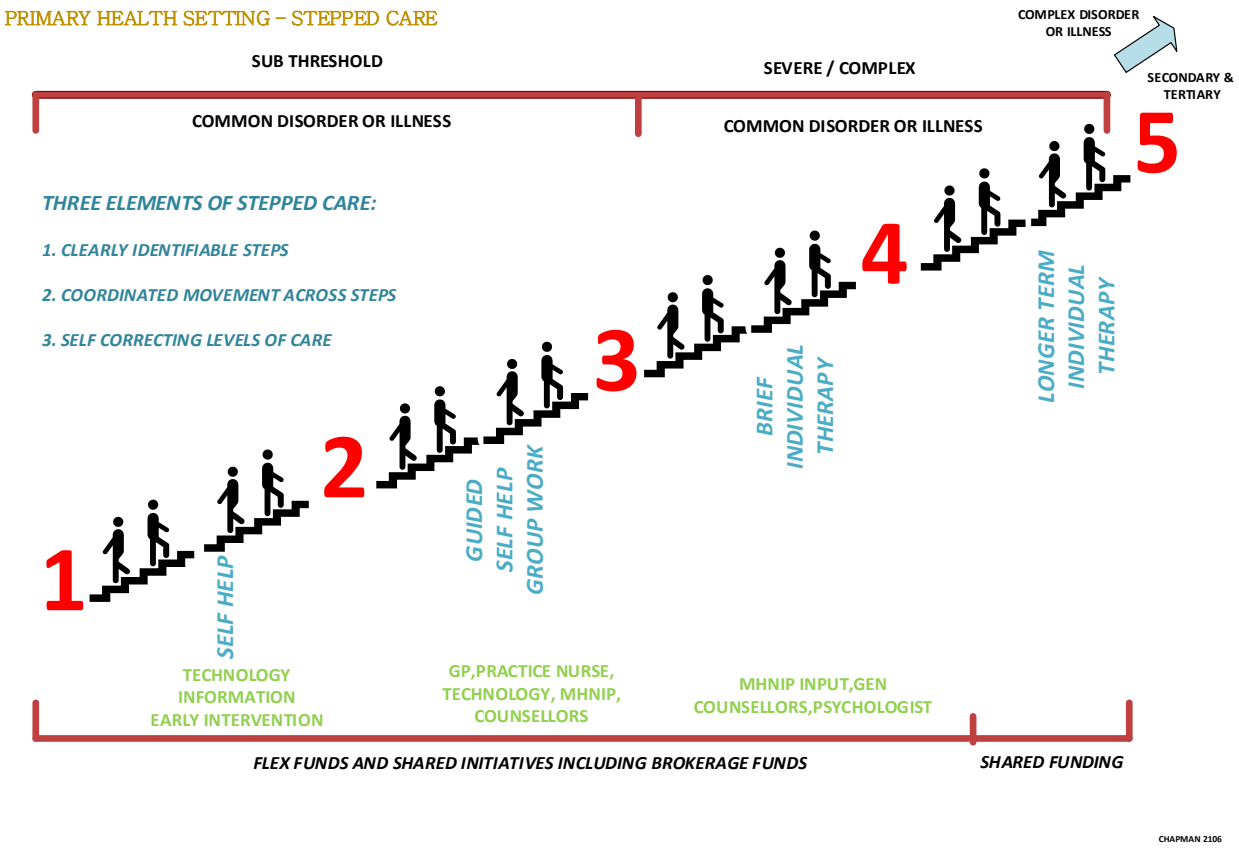
Ultimately, increasing acuity may mean it is necessary to move from the primary health sector to secondary and tertiary health services. When this occurs, there should be a seamless and coordinated interface between the services provided in the primary health sector and the secondary and tertiary services that the person receives, with the return from that level of care efficiently managed back into the primary health sector at the step that most meets the individual's needs.

Three Elements of Stepped Care

Any Stepped Care model must incorporate three elements of Stepped Care. These are:

1. **Clearly Identifiable Steps:**
   - Step 1: Self-help & the digital gateway
   - Step 2: Guided self-help group work
   - Step 3: Brief individual therapy
   - Step 4: Longer term individual therapy
   - Step 5: Secondary & Tertiary Care
2. **Coordinated Movement Across Steps:** moving up or down steps, coordinated by the GP, MHNIP nurse, self or other provider.
3. **Self-Correcting Levels of Care:** the individual knowing themselves - when to step up or step down with minimal supports.

In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their individual requirements.



Step 1 – Self Help / Digital Gateway

EXAMPLE	
Stepping up	Stepping down
A person might be struggling to cope with their personal situation or their mental health is starting to be impacted by their life style choices	A person has been supported by their GP or health service to utilise self-help strategies, and is now capable of utilizing those and other self-help strategies without ongoing support

Within the self-help step, individuals can utilise a range of low intensity supports before approaching their GP or other health service.

Digital interventions can overcome many of the obstacles associated with traditional forms of treatment and are a valuable tool in a stepped care model. Clients can assess these low intensity services/applications from anywhere and at any time.

Individuals can find the most appropriate resources by contacting the digital gateway number for advice.

Digital Gateway

The Gateway is a multichannel (web, telephone and web chat) digital platform that will be responsive to a person's unique needs and make it simpler, faster and easier to navigate through the myriad of digital mental health services, support and information currently available.

Those in need of help will only have to dial one dedicated phone number to immediately access the help they need. The Commonwealth are set to release the digital gateway number in September 2017.

The aim is to make it easier for people to get the type of help they need at the time they need it.

The gateway will be particularly beneficial for people with or at risk of mild to moderate mental illness, but may also be an important resource for some people with severe mental illness.

There are currently over 30 individual Australian Government supported phone and online mental health services available to the public, however this sector has been identified as fragmented, confusing and difficult to access for people needing quick access to a specific support service.

The digital gateway provides:

- A one stop shop aimed at giving Australians easy access to high quality mental health advice and resources when and where they need them;
- A service that directs callers to the appropriate phone or online mental health service they need;
- A trained helping voice to point people in the right direction;
- The ability for an operator to stay on the line with a person suffering a mental health illness when they are unable to immediately be transferred to their preferred service; and
- An easily accessible service, allowing people who might not otherwise access services to get help in a private, discrete setting.

Examples of Step 1 interventions and supports:

- myCompass
- Big white wall
- MindShift
- Reachout.com
- MoodGym
- AODConnect
- SPEAK - SP
- MY3 - SP
- MindHealthConnect
- Beyond blue – Mind Matters
- Beyond blue – New Access
- Mental Health Line – 1800 011 511

There are a range of online services and programs that an individual can access. For more information, refer to **Low Intensity Mental Health Services & Digital Health Directory in Appendix A.**

Step 2 – Guided Self Help

EXAMPLE	
Stepping up	Stepping down
A person may gain the confidence to take the next step and seek support from their local GP or community health service to guide them through a range of self-help strategies.	A person has had some brief intervention and is now ready to manage with the guided support of some self-help strategies.

General Practitioners can provide advice and referral for further assessment/intervention such as ATAPS/MHSRRA, better access, short term psychosocial, occupational and medical intervention, computerised CBT such as beating the blues program or MoodGym and scripts for medication.

Peer support workers play a vital role in this stage of Stepped Care. They provide person centered support to consumers and carers with trauma informed, evidence based, effective outcomes for consumers, better outcomes for family and carers and is key to creating quick recovery-orientated services. If a person starts at the lower level of stepped care and wishes to progress with a peer worker, all information would stay with them as they progressed up and down the steps for a continuity of care. Peer support workers create a positive environment for cultural change.

Examples of Step 2 interventions and supports:

- Black Dog Institute Step Care model – capacity to analyse your current mood on a tablet and feedback is immediately sent through to the GP. **Refer to Appendix B**
- Anna Cares – Clevertar – **Refer to Appendix B**
- Hello Sunday Morning ‘Daybreak’ program – **Refer to Appendix B**
- Community support groups
- Peer Support Workers
- GP focused psychological strategies

Step 3 – Brief Individual Therapy

EXAMPLE	
Stepping up	Stepping down
A person might not start showing any sign of improvement through guided self-help and would be referred for a more intensive level of individual care.	A person may have been receiving longer term individual therapy, or perhaps secondary and tertiary care, and now just needs brief individual therapy targeted at a particular aspect of their recovery.

Step 3 involves a level of clinical support that typically targets specific issues with brief counselling interventions. These may be provided in a range of settings in the community by qualified professionals, over a limited number of sessions. In addition to counselling support, Step 3 can involve ongoing coordination of collaborative care, particularly relevant to recovery and stepping down from Step 4.

Examples of Step 3 interventions and supports:

- Medium intensity psychological sessions
- Collaborative care
- Anna Cares – Clevertar
- Combined treatments
- Individual Advocacy
- Supported decision-making
- Psychosocial interventions
- Specialist medical intervention
- MHNIP nurses
- ATAPS/MHSRRA
- GP focused psychological strategies
- Grief and trauma Counselling

The role of Mental Health Nurses within Stepped Care

A Mental Health Nurse plays a vital role in the stepped care approach allowing the patient to receive the service they need where, when and for as long as they need. This is particularly important for people with more severe mental health problems. The program is designed to cater for the episodic nature of some mental illnesses, operating successfully as part of a stepped care approach.

A Mental Health Nurse plays a crucial role in the progression of a patient's journey providing:

- Targeted psychosocial interventions
- Evidence based psychological therapies
- Family and carer therapy and support
- Medication monitoring and management
- Risk assessment and monitoring
- Physical health assessments
- Health promotion
- Early intervention and management
- Appropriate referrals to other services.

Mental Health Nurses also provide many positives such as:

- Increased level of care/continuity of care & follow up
- Patients can access care in a timelier manner
- Improved patient outcomes
- Keeping patients out of hospital
- Support for personal recovery
- Increasing compliance with treatment plan.

Step 4 – Longer Term Individual Therapy

EXAMPLE	
Stepping up	Stepping down
A person might have a range of complex needs that require an increased level of case management, or there is a range of clinical needs that they need help with to manage, including more intense symptoms, medication management and other co-morbidities.	A person may have been receiving treatment from a community mental health team or in an inpatient setting, and is now returning to care in the primary health setting. However, they still require clinical management for a range of symptoms, medication management or case management needs.

Examples of Step 4 interventions and supports:

- Structured long term intervention
- High Intensity psychological interventions
- Combined treatments
- Medication
- ECT
- Multi professional/agency teams
- Inpatient care
- Medium intensity psychological sessions
- Collaborative care and complex case management
- Specialist medical intervention
- MHNIP nurses
- GP focused psychological strategies

Step 5 – Secondary & Tertiary Care

Step 5 is a transition between primary health services and secondary and tertiary health services. Typically, a step up will occur when specialist clinical interventions are required with a high level of care coordination. A step down would occur during the recovery process when a person was return to community based care with their GP.

Timeframe

Implementation of a Stepped Care approach is not a 'quick fix' solution. It takes time to fully implement a stepped care model. The time expected to implement this approach is expected to be several years. This is only the first stage of the process. We will undertake a continuous cyclical approach to the implementation that will involve regular review of the needs of the population, evaluation and review of services, programmes and systems, consumer consultation, and determine in collaboration with stakeholders (including consumers) what the next stages of stepped care will entail.

The role of GP's within Stepped Care

Within a stepped care approach, the role of general practitioners (GP'S) is critical. GPs are typically the first point of contact for people seeking help for mental health problems and mental illness and are the gatekeepers to other service providers.

It is essential that GPs can perform or access a level of assessment with their patient that allows them to identify which step their patient is at. This is the key to then providing the appropriate intervention for the patient at that time. GPs must also be able to work collaboratively with their patients on subsequent presentations to re-assess if they have stepped up or down, and whether that implies a new level of intervention and support.

It is anticipated that access to most primary mental health services commissioned by PHN's will continue to require a referral from a GP or psychiatrist. However, there may be some exceptions to this with low intensity services having a range of pathways including self-referral, or those experiencing system barriers.

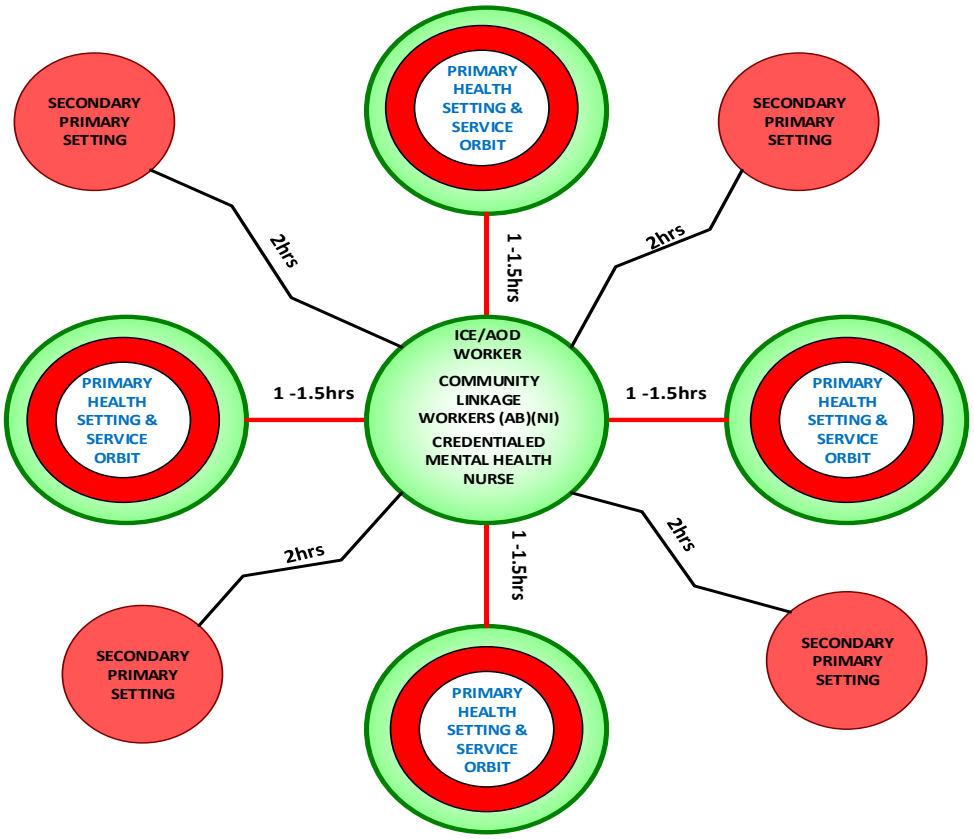
Challenges and opportunities of implementing Stepped Care

The Stepped Care approach is likely to present challenges and opportunities for our workforce. The final design may require workers with different skills and competencies. It is also likely to challenge the distribution of our workforce across the region and whether we have the right workforce in the right places. There is likely to also be opportunities to use the skills of the workforce differently, to enhance new ways of working and potentially drive innovative new workforce models such as peer support.

We need to consider innovative workforce models to support people with mental illness in rural and remote areas to ensure there is equitable availability of support services. This may mean working with a range of support services that are already embedded in the community. The PHN may be able to offer low intensity training for staff to build capacity within the community. Working within a hub approach using peer workers, community centres other NGOs, AMSs and GPs. The PHN will also offer GPs and practice staff educational opportunities to upskill and participate in Mental Health training that covers a range of topics across the continuum of stepped care. Telehealth and tele-consultation may also be used to fill gaps when someone needs specialist care that is not available in their area, however we accept this cannot replace face to face professional care. Emerging eHealth services, such as mobile phone applications that support people to manage their mental distress or anxiety, may work well in rural and regional areas as these services are accessible and may be viewed as less stigmatizing and may be particularly relevant to young people. It has been well documented that monitoring the quality of eHealth services is crucial.

Drug & Alcohol Hub Model with a Stepped Care Framework

To fully implement a stepped care approach will take some time and there are likely to be some better places to start than others. For example, the below Drug and alcohol hub model provides opportunities to implement a stepped care approach, commissioning a wide range of services from low to more complex needs in a variety of locations. It is important that wherever we start, that we do so in the context of the overall design of stepped care.



Enhancement funding has been provided to increase the service delivery capacity of the drug and alcohol treatment sector through the commissioning of additional methamphetamine, alcohol and other drug treatment services, targeting areas of need with a focus on methamphetamine use in the community. To improve the effectiveness of the sector and services, initiatives that focus on increasing coordination between various sectors and improving sector efficiency will be an important priority.

The increase in sector capacity will occur within a stepped care framework which enables a step-up and step-down movement across a range of treatment modalities and treatment intensity. In addition to the better coordination and efficiency of providing the right care at the right time, a stepped care approach enables a customised service focus that individualises care and support outcomes.

In Western NSW, this will be underpinned by four systems outcomes in a primary health service framework:

1. **Evidence based treatment**
2. **Better coordinated referral pathways**
3. **Supporting and capacity building the workforce**
4. **Continuous quality improvement**

Within a stepped care model these outcomes would be developed across a spectrum of primary health intervention:

1. **Engagement** – increased capacity to manage and screen for drug and Alcohol in primary health settings
2. **Planning** - brief intervention and treatment planning
3. **Activation** – active treatment intervention
4. **Therapeutic confirmation and support** – community linkage and extended follow-up.

Whilst the engagement step would contain enhanced access to information and technical linkages it would assume an active general drug and alcohol and general health promotion function occurring as an ongoing adjunct to the 4 steps identified.

In a similar way, the steps beyond step 4 are indicated for specialist addiction medicine interventions and specialist residential options. Part of the stepped care design is to ensure that there is seamless transition between the primary health spectrum of care and the specialist domain, with the step-up and step-down capacity built into renewed referral pathways.

APPENDICES

APPENDIX A

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LOW INTENSITY MENTAL HEALTH SERVICES & DIGITAL HEALTH DIRECTORY

Low Intensity & Digital Mental Health Services provide individuals with easy access to information, improved communication and convenience in education. Digital technology is cost effective, efficient and productive in a person's health outcomes.

An individual can access supports that can be utilised before approaching their GP or health service. There is a whole range of online services and programs that an individual can access.

MENTAL HEALTH

- **MyCompass App**
  $Free (minimal downloading fee)
  Depression & anxiety
  - Cognitive behavioural therapy (CBT) program for mild to moderate depression & anxiety.

- **Big White Wall App**
  $24. Month
  Self-esteem, depression, anxiety, breakups, loss of job, bullying.
  - Online community of people who are anxious, down or not coping who support & help each other by sharing what's troubling them & being guided by trained professionals.

- **MoodGym Training Program**
  $Free
  Stress, self-esteem, problem emotions, depression
  - Understanding of emotions & how to modify them. Learning CBT skills for preventing & coping with depression.

- **Moodkit App**
  $8. Joining fee
  Improving mood, unhealthy thinking, wellbeing
  - Designed to help you apply effective strategies of professional psychology to everyday life.

- **Black Dog Institute 'StepCare'**
  $Free within PHN Hubs
  Anxiety & depression
  - Online assessment & feedback, offering online CBT & traditional forms of treatment.

- **This way up Program**
  $60.
  Anxiety, depression, mindfulness
  - Courses clinically proven to lesson anxiety & depression

- **Lantern Program**
  $Free
  Stress, anxiety, body image
  - Combined CBT with advice from real experts. Users are matched with a professional coach to provide feedback & advice.

- **Optimism App**
  $Free
  Depression, bipolar, other mental health issues
  - Helps to detect patterns in mood, creating a way to identify triggers & other things that affect a person's mental health.

- **Talkspace**
  $25 week
  Emotions, stress, relationships
  - Connecting individuals to licensed therapists via anytime messaging.

- **New Access online coaching**
  $Free
  Stress, family problems, health concerns, loneliness, financial worries
  - Free & confidential support to help set goals & get you back on track.

- **Ecouch program**
  $Free
  Emotional problems, anxiety & depression
  - Tools to improve mood, emotional state & tackle challenges

- **Snapshot app**
  $Free
  Stress, social support, anxiety & depression
  - Measures & monitors mental health & wellbeing. Provides feedback & resources to increase user's knowledge of their mental health & encourage help seeking behaviour

- **Beyond Blue 24/7 Information Hotline**
  $Free
  Anxiety & Depression
  - 1300 224 636

- **Men's 24/7 Referral Service**
  $Free
  Violence, controlling behaviour
  - 1300 766 491 Information & referral for men wanting to stop their violent, abusive or controlling behaviour.

- **SANE Australia**
  $Free
  Mental illness
  - 1800 187 263 Mental Illness advice, where to go for support & referrals.

- **Mental Health Line**
  $Free
  - 1800 011 511
    Telephone support & referral

- **Mensline Australia**
  $Free
  Relationships, Mental health
  - 1300 789 978 Telephone & online support, information & referral service. Helping men to deal with relationship problems in a practical & effective way.

- **ATAPS – Access to allied psychological services**
  $Free – Referral from GP
  Mild to moderate mental illness
  - Provides short term psychological interventions within a primary care setting.

- **BEING**
  $Free
  Lived Experience of Mental Illness
  - Network for people with a lived experience of mental illness

- **Mindspot Clinic**
  $Free
  Stress, worry, anxiety, low mood or depression
  - Provides mental health screening assessments & treatment courses.

- **OnTrack**
  $Free
  Support for people experiencing a range of issues
  - Web-based programs providing interactive self-help tools, resources & fact sheets

DRUG & ALCOHOL

- **AODConnect app**
  $Free
  Alcohol & Drug abuse
  - National directory of Alcohol & other drug treatment services for ATSI people.

- **Cassava**
  $Free
  Mental Health, emotions, physical health, mindfulness, relapse & relationships
  - Help app users locate support group meetings, recovery related articles & information.

- **On track with the right mix App**
  $Free
  Alcohol use
  - Helps individuals keep track of drinking over time to understand the impact it has on their short & long term health.

- **My Quit Buddy App**
  $Free
  Quit smoking
  - Individuals can track their quitting process, set goals & milestones.

- **Hello Sunday Morning 'Daybreak' Program**
  $Free to users within PHN Hubs
  Alcohol users
  - Help improve people's relationship with alcohol

- **Quit for you Quit for two**
  $Free
  Quit smoking – Pregnant women
  - App which provides support & encouragement for pregnant/women planning pregnancy, to give up smoking.

- **Overcoming Addictions program**
  $Free
  Alcohol addiction
  - Confidential & interactive app that can help you achieve & maintain abstinence from addictions.

- **NSW Alcohol & Drug Information line**
  $Free
  Alcohol & Drug addiction/abuse
  - 1800 422 599

- **Alcohol & Drug 24/7 information & support**
  $Free
  Alcohol & Drug addiction/abuse
  - 1800 011 511

- **Clear Your Vision**
  $Free
  Cannabis use
  - Interactive online program for youth wanting to quit or reduce their cannabis use.

- **Counselling Online**
  $Free
  Drug & Alcohol use
  - Online text-based counselling to alcohol & drug users, & those affected by alcohol & drug use in the community

- **Quit Now Calculator**
  $Free
  Quit Smoking
  - Quit Now calculator for anyone wanting to quit smoking

SUICIDE PREVENTION

⌘ **iBobbly App**
$Free
Depression, suicide & wellbeing
- Suicide prevention app designed for indigenous people. Treatment based therapy in a culturally relevant way.

⌘ **Beyond Now App**
$Free
Depression, suicide & wellbeing
- Overall mental wellbeing & safety strategy. 'Safety plan in your pocket'.

⌘ **MY3 App**
$Free
Suicidal thoughts
- Plan to stay safe, reach out to others & help yourself.

⌘ **LIFE – Living is for everyone Resource**
$Free
Suicide Awareness
- Improve understanding of suicide & raising awareness

⌘ **Mind blank**
$Free
Suicide Awareness
- Awareness & education programs

⌘ **Beyond Blue**
$Free
Suicide Education & Awareness
- Information & tools to help you stay safe, look after yourself & others.

⌘ **Conversations Matter**
$Free
Suicide Awareness
- Resource for discussing suicide

⌘ **Lifeline Hotline**
$Free
Suicide hotline
- Crisis support/Suicide prevention 13 11 14

⌘ **Suicide Callback Service**
$Free
Suicide hotline
- Online counselling 1300 659 467

⌘ **Hopeline App**
$Free
Suicidal, addictions, cutting yourself abuse
- Chat confidentially with a hope coach, request an email mentor, daily encouragement & access to blogs.

⌘ **Conversations Matter**
$Free
Suicide Awareness
- Tips & tools to start conversations face to face or in a group about suicide.

⌘ **The Ripple Effect**
$Free
Suicide Awareness
- Online intervention designed to investigate what works to reduce self-stigma & perceived stigma among males & the farming community.

HEALTH & WELLBEING

⌘ **Healthdirect App**
$Free
Everyday Health
- Helps individuals make informed decisions about their overall health.

⌘ **Reachout.com**
$Free
Relationships, health, bullying, violence, fitness, thoughts & emotions, anxiety & depression.
- Endless amount of educational material/apps that can be downloaded for a variety of topics.

⌘ **Reactivate Wellbeing Challenge App**
$38.50
Exercise, Finance, Nutrition, social, mindfulness, sleep, work
- Improving wellbeing using a diverse range of methods.

⌘ **Smiling Mind App**
$Free
Bring balance to your life
- Modern meditation for young people – designed to bring balance to young lives.

⌘ **Get Healthy Service**
$Free
- 1300 806 258 Telephone support by qualified health coaches regarding healthy eating, physical activity & weight maintenance

⌘ **Parent Line NSW**
$Free
- 1300 130 052 Telephone counselling, information & referral service for parents of children aged 0-18

⌘ **MoodPrism**
$Free
Wellbeing & Emotional health
- App that helps individuals learn about their mood.

⌘ **Breath2Relax App**
$Free
Stress
- Developed to reduce stress, stabilise mood, control anger & manage anxiety.

⌘ **SHUTI Program**
$135.
Depression, suicidal ideation, anxiety
- Innovative online program using CBT for insomnia

⌘ **Domestic Violence 24/7 Helpline**
$Free
- 1800 011 511

⌘ **Recharge**
$Free
Improving Mood & Energy Levels
- Six-week program improving mood & energy levels by establishing a good sleep/wake routine

YOUTH MENTAL HEALTH

- **Kids Help Line**
  $Free
  Youth Mental Health
  - 1800 551 800: Private & confidential, telephone & online counselling service.

- **Reachout.com**
  $Free
  Youth Mental Health
  - Share online information on tough times, drugs, sex & friends for 14-25 year olds.

- **Headspace**
  $Free
  Youth Mental Health
  - Early intervention mental health services, resources & counselling.

- **Bite Back**
  $Free
  Stress, anxiety & depression
  - Program with positive activities targeting gratitude, mindfulness & social connections to improve resilience & wellbeing. Age group 12-18 years old.

- **Eheadspace**
  $Free
  Mental Health Support (Bullying, depression, anxiety)
  - 1800 650 890: Online & telephone mental health support service for young people & their families.

- **Mind blank**
  $Free
  Youth Mental Health
  - Mental Health awareness & education programs

- **MindHealthConnect**
  $Free
  Youth Mental Health
  - Wellbeing information, support & services

- **Youthbeyondblue**
  $Free
  Youth Mental Health
  - Youth program empowering young people aged 12-25.

- **ACON**
  $Free
  LGBTIQ People
  - Health Information & support for LGBTIQ people.

- **Out & Online**
  $Free
  Improving Wellbeing
  - Online program improving wellbeing & reducing mental health symptoms in same gender youth 18-25

- **OCD? Not Me!**
  $Free
  Youth Suffering OCD – Obsessive Compulsive Disorder)

Online treatment program with information, tips, activities & support to help young people overcome symptoms of OCD

APPENDIX B

An Online Stepped Care Service for Adults with Anxiety and Depression presenting to General Practice

Black Dog Institute Director: Professor Helen Christensen

Chief Investigators: Associate Professor Josephine Anderson (Clinical Director)

Associate Professor Judy Proudfoot (Director eHealth)

Project Manager: Nyree Gale | n.gale@blackdog.org.au | 02 9382 4524

The problem: Depression and anxiety affects the lives of many Australians: 1/6 will experience depression and 1/4 will experience an anxiety disorder in their lifetime. These illnesses lower quality of life, increase the risk of suicide, and worsen outcomes of other physical and mental health problems. Unfortunately, the majority of Australians with anxiety and depression do not seek treatment.

Our solution: Given that depression and anxiety are among the most common illnesses in primary care, general practitioners are ideally placed to facilitate better mental health outcomes. Stepped care approaches offer a solution to delivering accessible, effective and efficient services. Individuals are recommended the least intensive intervention that is likely to lead to health gain and may be stepped up or down the pathway in response to treatment. Online psychological interventions are recommended for individuals with mild to moderate symptoms, with face-to-face psychological and pharmacological interventions recommended for more severe symptoms. Despite international recognition of the importance and efficiency of stepped care, this model of integrating eMental Health, with face to face treatments and regular online assessments, is yet to be satisfactorily introduced into Australian primary care.

Service aim:

An integrated online stepped care service that:		
1. IDENTIFIES	**2. RECOMMENDS**	**3. MONITORS**
adults with anxiety and depression	evidence-based stepped care treatments	patient symptoms to provide feedback

StepCare

Black Dog Institute

Putting health in mind

Proudly partnered with:

Health Link | Certainty in Care | Lifeline Saving Lives Crisis Support. Suicide Prevention.

NSW Government Family & Community Services

Objectives:

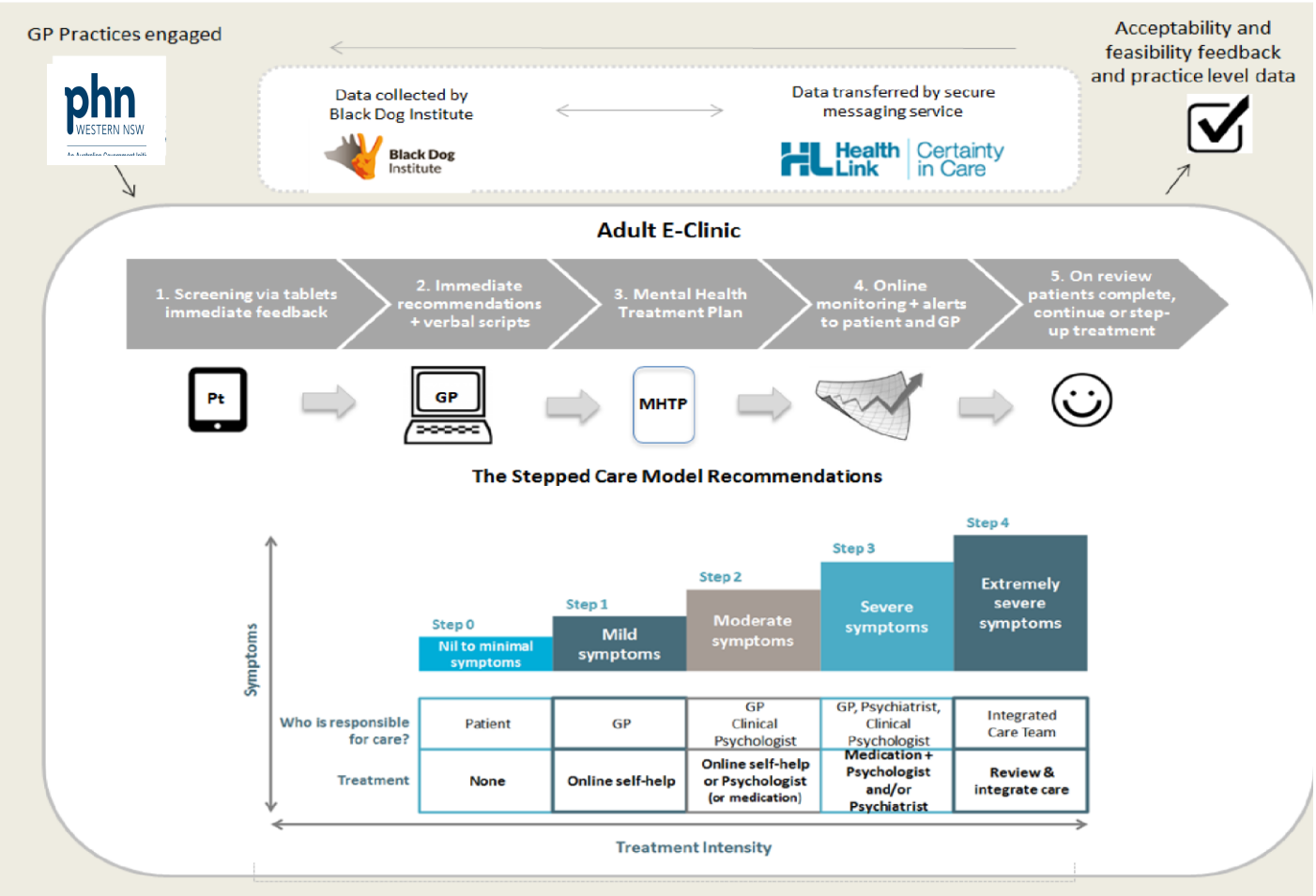
A system of individualised stepped mental health care that:

1. is integrated into the Australian health system with dissemination via Primary Health Networks
2. ensures efficient and effective use of health professional resources
3. intervenes early with notification of deterioration to prevent escalation and improve treatment outcome

Service Scope:

All patients attending their general practice for an appointment are assessed via screening measures on a mobile tablet in the waiting room to identify mild, moderate and severe levels of anxiety and/or depression. Immediate feedback is provided to the patient on the mobile tablet and immediate evidenced based stepped care recommendations in line with symptom severity are sent to the GP's software via HealthLink (a secure messaging service).

Patients attend the appointment and GPs can use example verbal scripts to complete an assessment and a Mental Health Treatment Plan (if appropriate). Patients complete fortnightly **online** monitoring. Real-time feedback is sent online to patients and GPs to inform review and stepping up as required. GPs can see if patients are adhering to recommendations and have improved or remitted. Practice data collected prior to and following implementation of the service allows for evaluation of GP changes in mental health practice.



Providing immediate, evidence-based support for high-risk and dependent drinkers

Background to Hello Sunday Morning (HSM)

Hello Sunday Morning's (HSM) mission is to change Australia's relationship with alcohol. Hello Sunday Morning's main way of doing this is through building scalable evidence-based programs that support high-risk drinkers to change their drinking patterns. Our secondary way of doing this is by running national social media campaigns that build a brand (Hello Sunday Morning) that inspires everyday Australians to contribute their story to a healthier drinking culture.

Background to Daybreak – online alcohol behaviour change

Daybreak is an online program designed to help individuals reduce their harmful alcohol consumption through a range of evidence-based techniques and therapies. The program is accessible via Android and iOS devices.

Daybreak was designed by Clinical Psychologists with AOD expertise and combines elements of assessment and brief intervention, motivational interviewing, cognitive-behavioural therapy, peer support and soon rapid-fire coaching to assist users in changing their relationship with alcohol. Using cutting-edge techniques in digital design and user experience, Daybreak builds long-term engagement and allows clients to improve their health, track their progress and receive a stepped model of care tailored to their current needs. Importantly, the program does not require abstinence for participation, but is built on a treatment model of personal choice. While we may recommend abstinence for some clients and it might be chosen as appropriate – we start from a harm minimisation position.

Daybreak is suited to a stepped care model of alcohol behaviour change. It can be immediately offered to patients and thus captures their motivation in the very moment they are ready to change – a strong predictor of treatment success. It is attractive to General Practitioners as they can provide a simple referral (such as Quitline) and the patient can immediately begin receiving care – this is especially valuable for rural geographies where there are limited health services available.

Target Market

Harmful and high-risk drinkers across the WNPHN region are the target market. The program is suitable for individuals over the age of 18, however can be made available for younger participants if required.

For further information on Hello Sunday Morning & the 'Daybreak' program you can type in the link below:
https://www.hellosundaymorning.org/

Clevertar tm
intelligent responsive avatars

Clevertar Digital Coaches

Clevertar digital coaches are smartphone or tablet avatars – also known as 'relational agents' – that are designed to improve the health and wellbeing of patients by positively influencing their behaviour.

Digital coaches act like a 'real' health coach – they provide interactive education about the patient's condition, help patients set goals about their self-management, and monitor and follow-up on progress, so that new behaviours are maintained. At the same time, Clevertar's digital coaching platform gives providers an insight into the success and value of the coaching program for patients and populations via real-time reporting.

Clevertar's digital coaches are an innovation in population healthcare, influencing behaviour and encouraging patient engagement at a fraction of the cost of human intervention.

Measurement and Monitoring

Our digital coaches can monitor a patient's health through regular surveys and deliver a tailored coaching solution to suit their needs

Health Coaching

Clevertar's flexible digital coaching platform gives providers the ability to deliver custom health coaching content to their patients. Our coaches educate and interact with patients in a way that is powerful, engaging, cost-effective and easily accessible.

CHRONIC LOWER BACK & LEG PAIN	DIABETES	MILD TO MODERATE ANXIETY AND DEPRESSION

For more information on Clevertar head to their website: http://www.clevertar.com/

APPENDIX C

STEPPED CARE MODEL

Digital Gateway	Step 1: Self Help	Step 2: Guided Self help	Step 3: Brief Individual Therapy	Step 4: Longer Term Individual Therapy	Secondary/Tertiary
DG Number	MyCompass	General Practitioner	Collaborative care	Structured long term intervention	CMH/LHD
	Big white wall	Black Dog Institute - Moodiser	Specialist medical Interventions	Higher Intensity Psychological interventions	MHEC-RAP
	Mindshift	Anna Cares - Clevertar	Psychosocial Interventions	Combined treatments	Clinical shared care & referral
	Reachout.com	Peer Link workers	Combined treatments	Medication	Referral to IDAT
	Moddgym	Education Support team	MHNIPs	ECT	Care Coordination
	AODconnect	Care coordinator?	ATAPS/MHSRRA	Multi professional/agency teams	
	SPEAK-SP	Headspace	Better Access	Inpatient care	
	MY3 - SP		Anna Cares - Clevertar		
	MindHealthConnect				
	Beyond Blue - Mind matters				
	Beyond Blue - New Access				
	Mental Health Line 1800 011 511				

EARLY PSYCHOSIS

Digital Gateway	Step 1: Self Help	Step 2: Guided Self help	Step 3: Brief Individual Therapy	Step 4: Longer Term Individual Therapy	Secondary/Tertiary
DG Number	SANE Australia	General Practitioner	Psychiatrists	Homebased acute care	CMH/LHD
	Reachout.com	Headspace (EPPIC)	Higher Intensity psychological session	Hospital based treatment	MHEC-RAP
	Beyond blue	Short Term Counselling	Specialist treatment	Antipsychotic medication	Clinical shared care & referral
	Peach tree	CBT	Case management	Crisis Intervention	Referral to IDAT
	Headstrong	Psychosocial Intervention	Care coordination		Care Coordination
	On track real program	Group programs	Psychotherapy		
	Wayahead		MHNIP's		
	Mental Health Line 1800 011 511		Neuropsychological therapy		
			Occupational therapy		

SUICIDE PREVENTION

Digital Gateway	Step 1: Self Help	Step 2: Guided Self help	Step 3: Brief Individual Therapy	Step 4: Longer Term Individual Therapy	Secondary/Tertiary
DG Number	iBobbly	Wambool Aboriginal Suicide Preve	Short term Counselling (ATAPS/MHSRRA)		CMH/LHD
	Beyond Now	Headspace			MHEC-RAP
	MY3	General Practitioner			Clinical shared care & referral
	LIFE - Living is for everyone	Support groups			Care Coordination
	Mind Blank	School links			
	Lifeline 13 11 14	Wesley Mission			
	Suicide Call Back Service 1300659467				
	SANE Help centre 1800 187 263				
	Hopeline				

DRUG & ALCOHOL

Digital Gateway	Step 1: Self Help	Step 2: Guided Self help	Step 3: Brief Individual Therapy	Step 4: Longer Term Individual Therapy	Secondary/Tertiary
DG Number	AODconnect	Hello Sunday Morning	Caseworkers	Lyndon	CMH/LHD
	Cassava	AOD Aboriginal Workers	Counselling	Weigelli	MHEC-RAP
	On track with the right mix	Peer Link workers		Specialist Treatment	Clinical shared care & referral
	My QuitBuddy				Care Coordination
	Hello Sunday Morning Daybreak program				
	Overcoming Addictions				

Example of a Stepped Care Workforce

- Typology vs Status

Stepped Care	Typology	Support required	Workforce	Qualifications	Agency/program
1	Self help		(Apps, books, online resources)		
2	Low	Guided self help			
		Group work facilitation			
		Group work design and facilitation			
3	Medium	Brief targeted Intervention	Psychologist		ATAPs
			Nurse		
			Social Worker		
			Occupational Therapist		
			Counsellor		
			D&A Worker		
			Credentialed Mental Health Nurse	ACMHN credentialed	MHNIP Freelance NGOs
		Community Linkage and case management	Community Linkage worker (D&A)		
			Case manager		
4	High	Ongoing intervention	Clinical Psychologist		ATAPs Private practice NGOs LHD
			Credentialed Mental Health Nurse	ACMHN credentialed	MHNIP Freelance NGOs
			Specialist D&A worker		
		Complex case management	Clinical Psychologist		
			Credentialed Mental Health Nurse		
			Specialist D&A worker		
		Mental Health Plan	Credentialed Mental Health Nurse		
5		Case coordination	Clinical Psychologist		

	Transition to Secondary or Tertiary services		Credentialed Mental Health Nurse		
			Specialist D&A worker		
		Clinical shared care and referral	Clinical Psychologist		
			Credentialed Mental Health Nurse		
			Specialist D&A worker		
			Mental Health Nurse		LHD MHEC-RAP LikeMinds
		Referral to IDAT	D&A worker		LHD
			ITLO		

phn
WESTERN NSW

An Australian Government Initiative

right care
right place
right time

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wnswphn.org.au

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Western NSW PHN
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187 Brisbane Street
Dubbo NSW 2830

Bathurst **Bourke** **Broken Hill** **Orange**

Aboriginal motif created by Wiradjuri artist Lewis Burns.

It's a story of living off the land. A strong flowing river provides fresh, clean water for those living beside it in camps. At campfires, people cook from the earth, with abundant natural foods they've hunted and gathered. As a community, people respect the earth and their country, united in a healthy lifestyle.