

Northern NSW Mental Health Integration Plan launch

Patient care more cohesive

Plan will translate to better sharing of information between providers

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A NEW plan to improve currently "hampered" mental health services in the

Clarence Valley has been welcomed by Federal Member for Page Kevin Hogan.

Mr Hogan, who has been indirectly involved with the Northern NSW Mental Health Integration Plan 2015-2018 since its conception, said following its launch earlier this week, the feeling was "very positive".

The plan focuses on four

key priorities: care navigation, stigma reduction, multidisciplinary teams and information-sharing systems.

In the short term, the recommendations will hopefully translate to better information sharing between service providers in the mental health sector to provide a more cohesive form of care for patients.

"The way it tends to be sometimes, within any business structure, is that silos develop and communication isn't as good as you'd like," Mr Hogan said.



This is new – other regions are not doing this.

Federal MP Kevin Hogan

"This is about breaking down the silos and taking a more integrated approach. We will start to see software sharing – the transfer of patient information from one sector to another – with strict privacy protocols.

"From there we will start to see co-location services happen, with a lot of diffe-

rent types of services operating under one roof."

Change is something the Clarence Valley clearly needs; collated information on local mental health services from 2010 onwards contained within the 60-page plan confirms a mental health sector characterised by fragmentation, isolation,

low levels of trust, and lack of cohesion between services.

And the Clarence is worse off than many other areas having a greater need for, and less access to, adequate health care.

High comparable rates of transportation difficulties, the second highest indigenous population in the region, and a significantly lower uptake of mental health care plans under the Better Access Program were all cited in the plan.

"In regions such as Richmond and Clarence, which

have a lower incidence of plans, the cause may be linked to a lack of services able to receive the referrals," it read.

In the plan's foreword, Sponsor Group chair Dr Yahid Saberi acknowledged the plan was only the first leg of the journey in rebuilding the system around the people in need.

"While we're working to get new resources, we are also getting our existing ones to work better together," Mr Hogan said.

"This is new – other regions are not doing this."

GAPS IN THE SYSTEM | Grafton mental health social worker Jodie Johnson voices funding concerns

READING the North Coast Mental Health Integration Plan, Grafton Counselling Centre social worker Jodie Johnson was overcome by a sense of deja vu.

"When I first started at the Richmond Clinic it was the same problems," she said.

"For over 17 years I have worked as a social worker in the Clarence Valley and I have seen

little change in the key issues with the delivery of mental health services.

"People are still reporting the same concerns, such as lack of access to mental health services, lack of resources at the front line, and difficulty negotiating the system."

While the NCMHPP has succeeded in highlighting the key areas of concern, Ms Johnson lamented the fact there was no increase

in mental health services for the people of the Clarence Valley and said she was concerned funding was needed to make some of the recommended changes happen.

Despite this she welcomed the review and plan to better integrate the system on the North Coast. "The idea of multidisciplinary teams (as part of information sharing) is a great idea and

would provide much needed services, but I do not see any real funding being provided to develop these types of teams," she said.

"With funding cut backs over the past 15-20 years there is an increased reliance on the private sector to provide mental health services... which has simply lead to the private sector becoming overloaded. People who contact my counselling

services wanting services for their children or teenager are always reporting that they haven't been able to access mental health services or have received time limited support, or how each service they contact has a waiting list."

Ms Johnson said she would also like to see a bigger focus on early intervention, acknowledging that reducing stigma – one of the plan's key focuses –

could have a positive influence in that area.

It is also an area she hopes to influence, through a workshop to help parents and carers manage their children's emotions next month.

"Providing timely support to children and families (are important) to reduce the likelihood of mental health issues becoming a problem in the future," she said.