



National

MHSPF

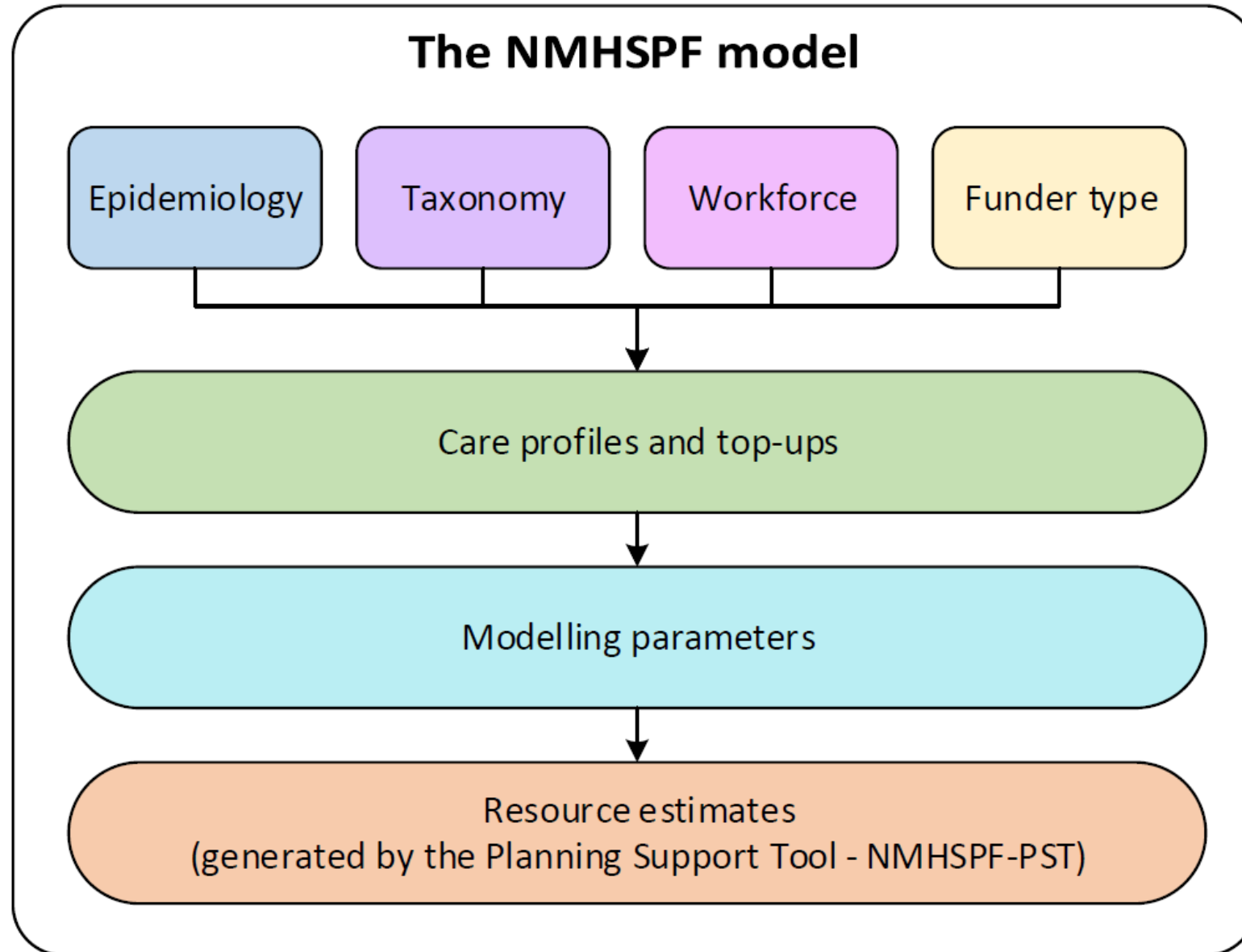
Mental Health Service Planning Framework

Implementation lessons from Australia's mental health needs-based planning model

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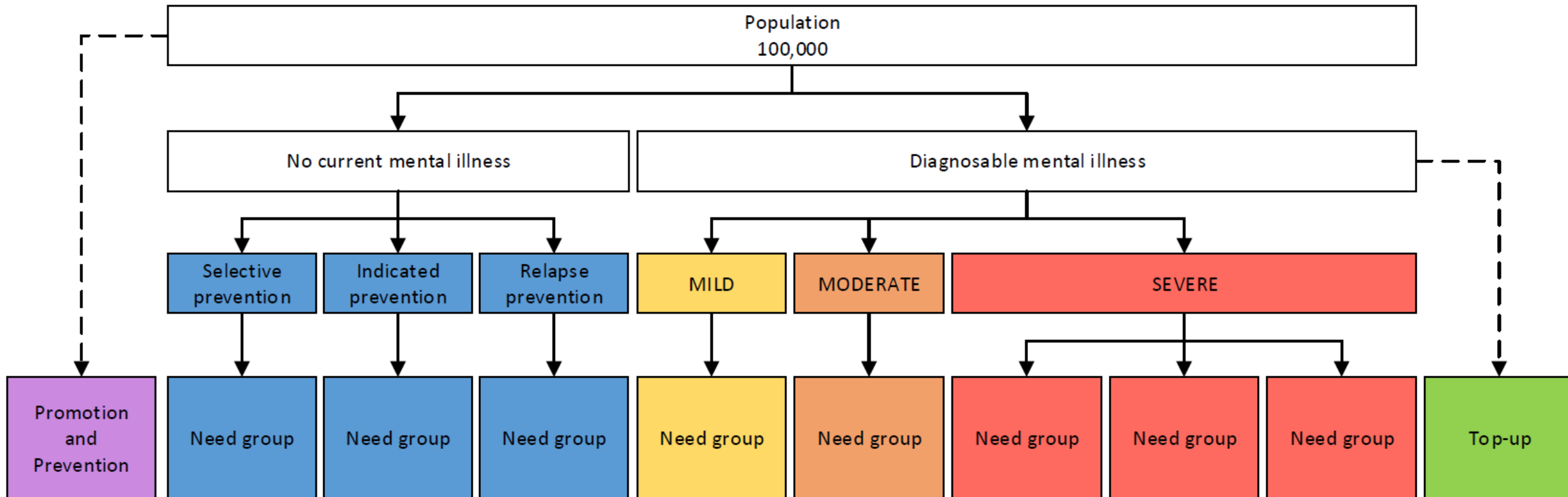
Lisbon Addictions Conference, 23 Nov 2022



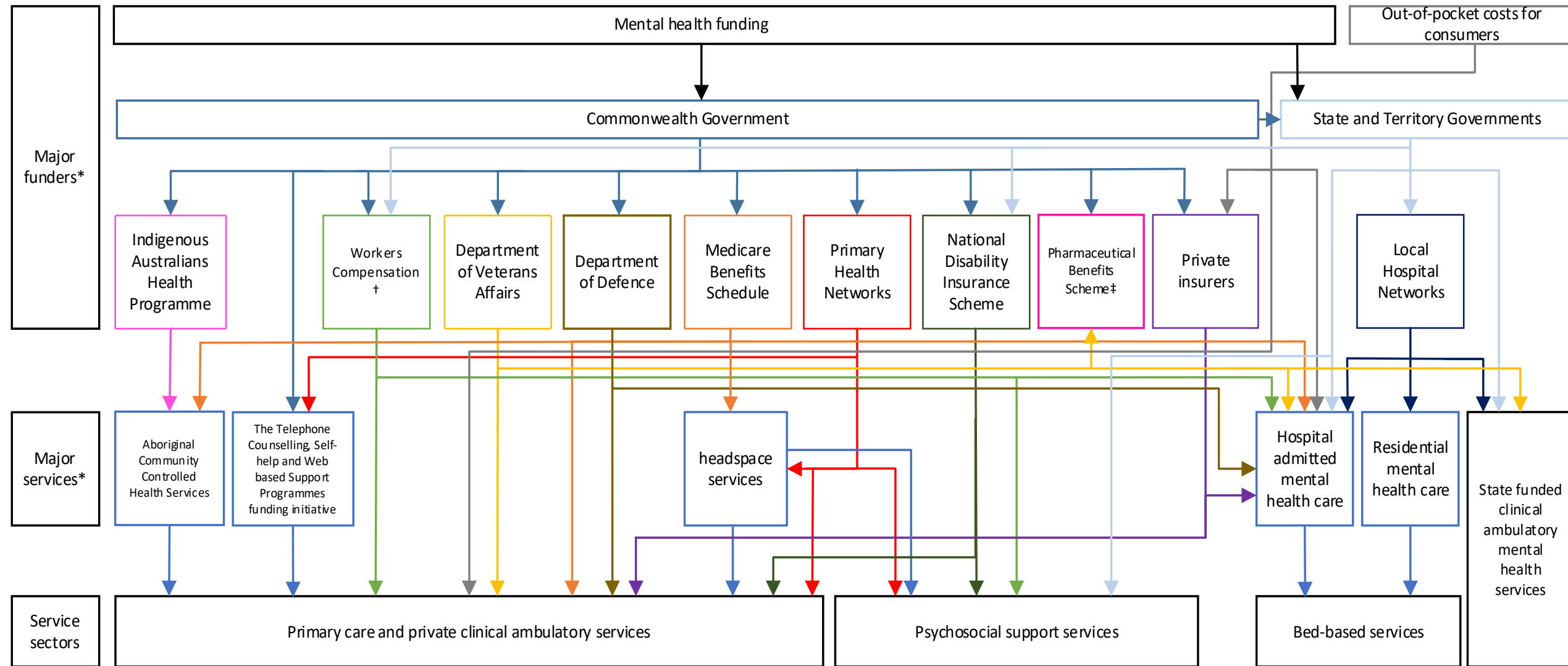


Population mental health service needs

- Response from the *mental health system*
- 12-month snapshot by age group and severity/functioning



Planning within complex systems

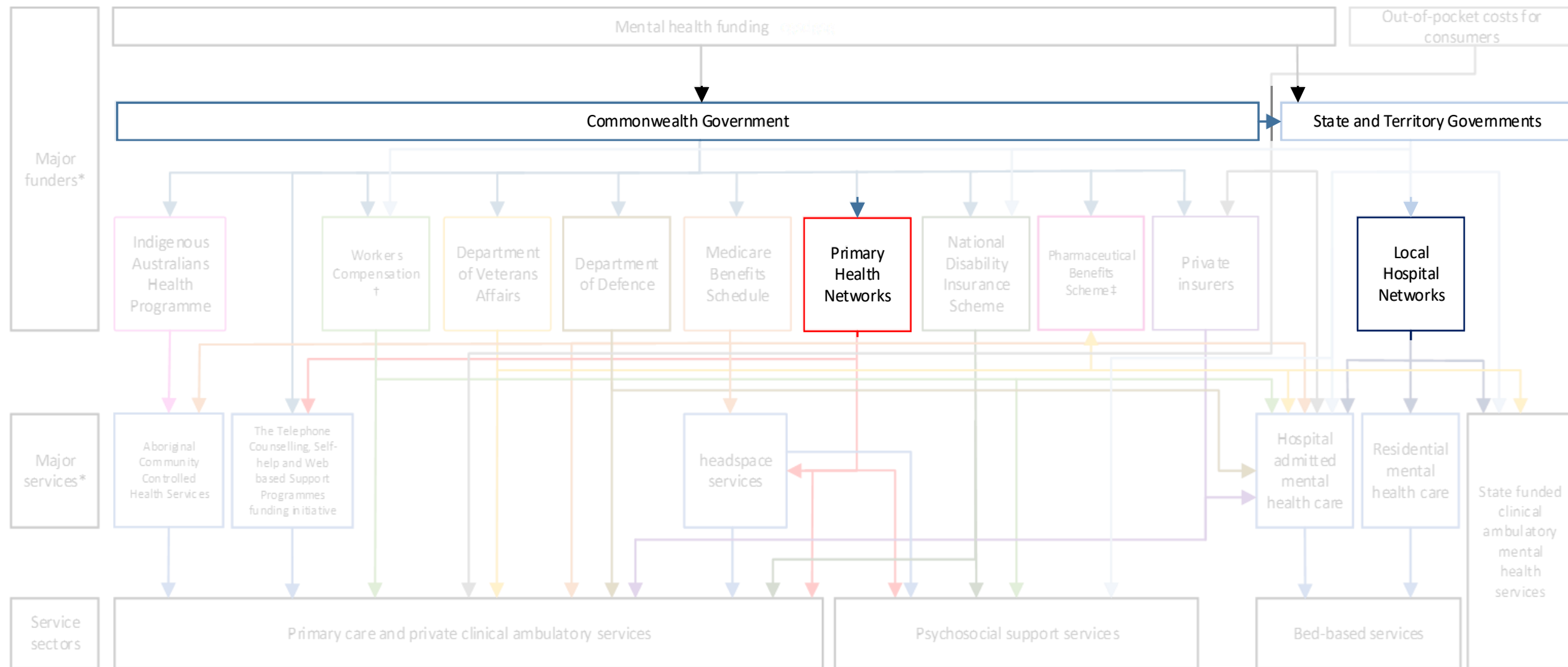


* The links drawn between funders and services do not always represent all funders for each service type but rather the majority funder(s)

† Also receives significant funding from employers

‡ Represents both the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme. The latter is funded by the Department of Veterans Affairs.

Planning within complex systems

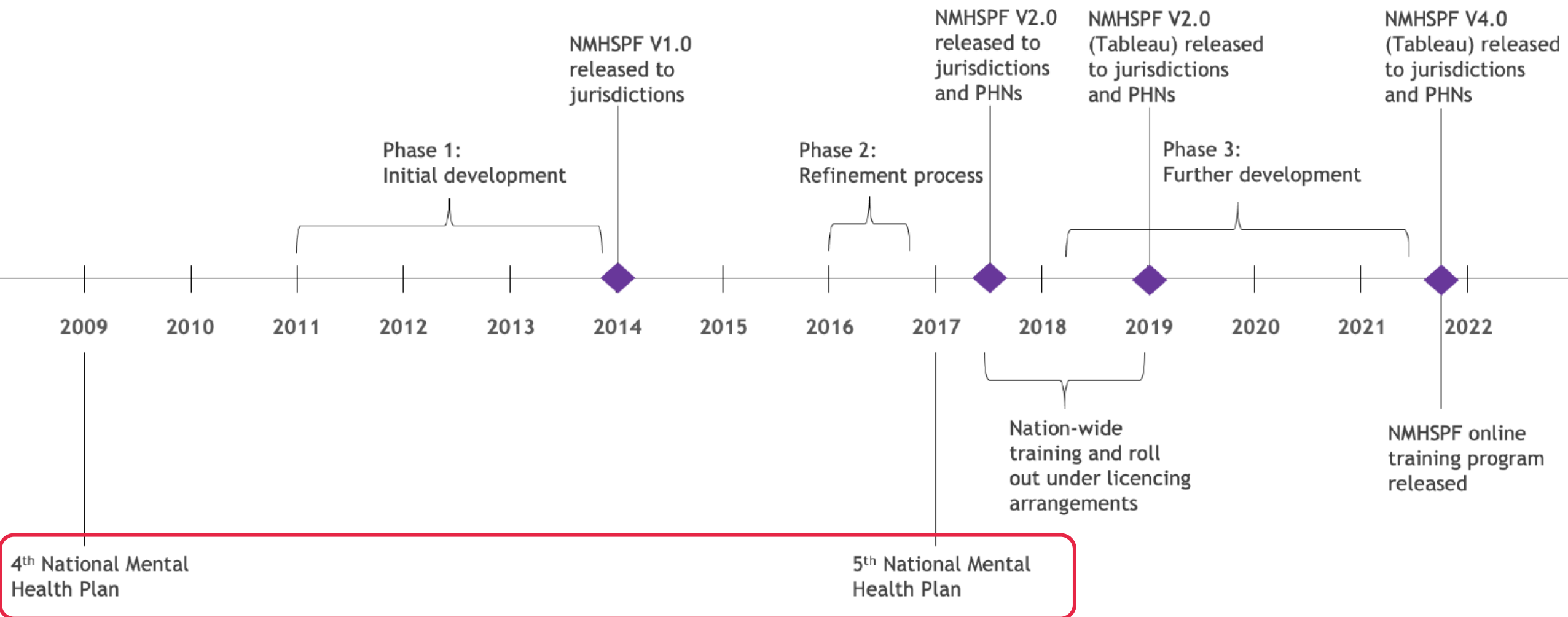


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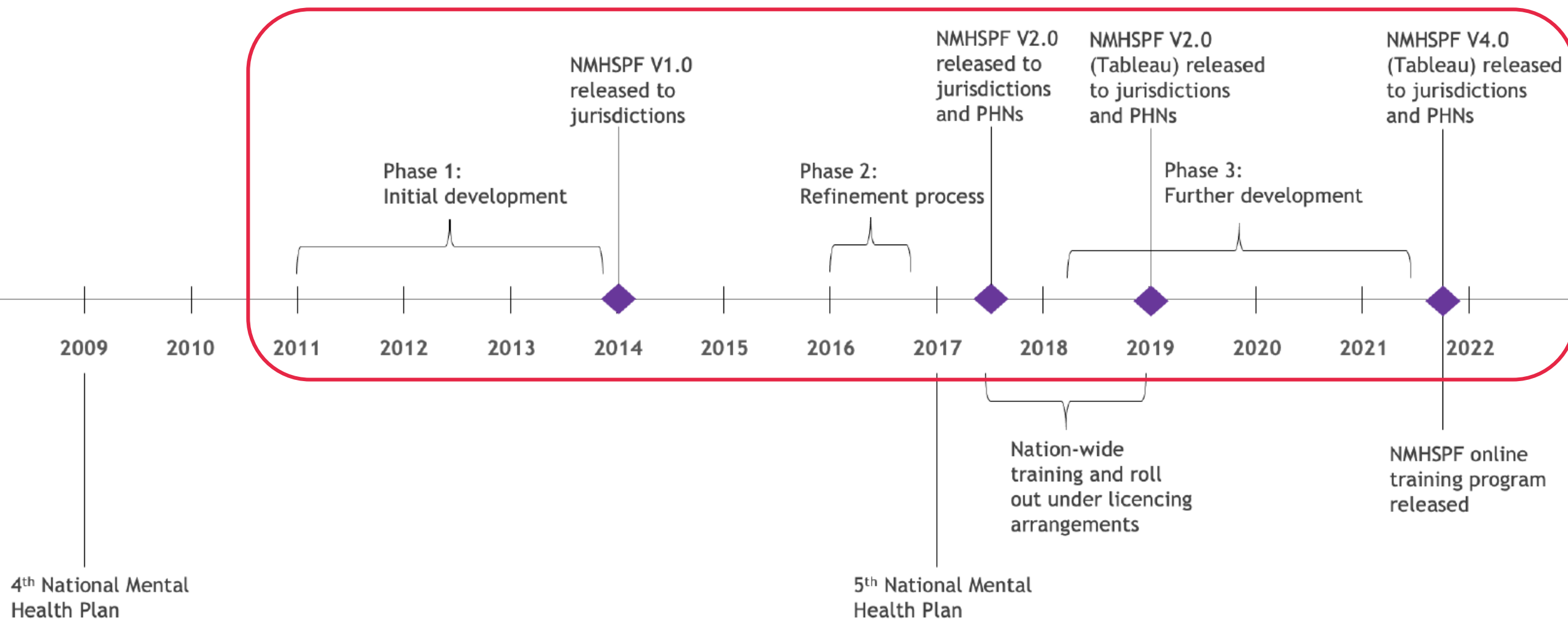
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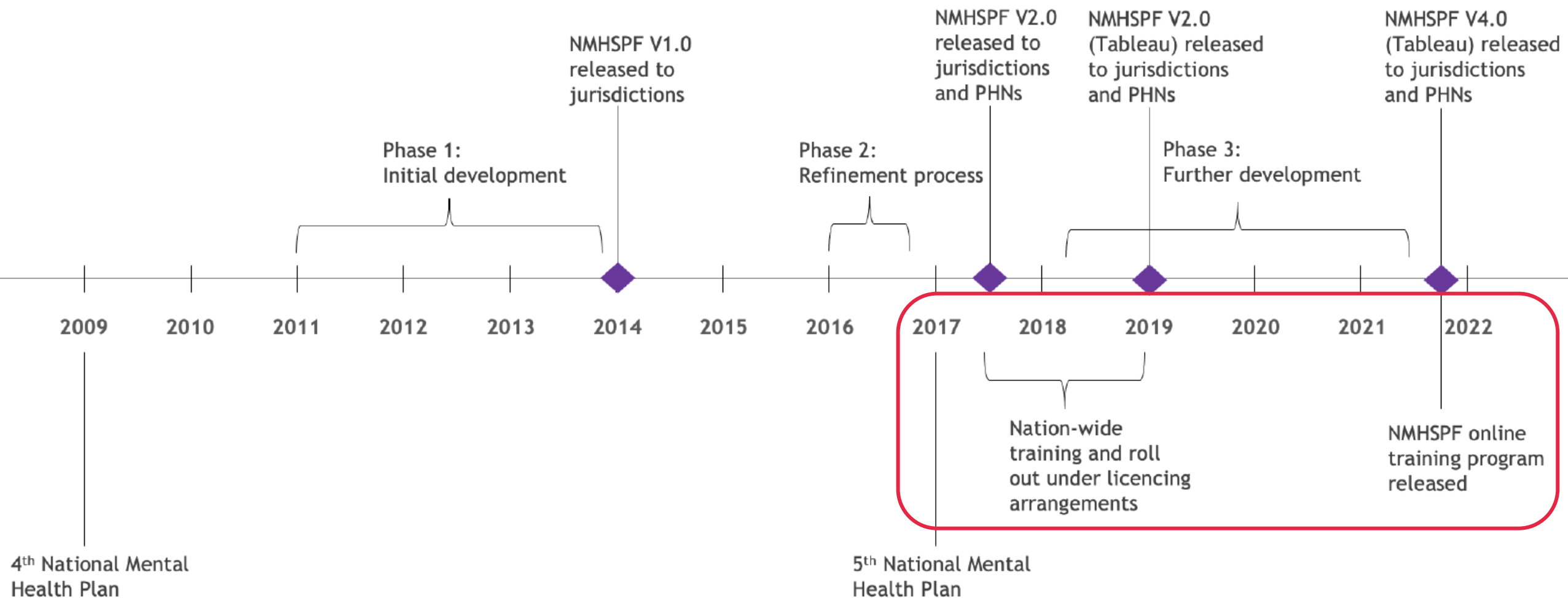
Development and implementation



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Development and implementation



Phase 1 initial development, 2011-2015

- National development and consultations led by two state governments over two years
- Focused more on specialist mental health services
- ‘Soft release’ of Excel model to state governments to test and use without support
- Model applied and adapted to inform some state mental health plans

Phase 2 refinement 2016

- Improvement of some modelling issues identified in states' testing
- Development moved to independent academic group (UQ)
- **New policy context for regional commissioning by Primary Health Networks (PHNs)**
 - Enhancements to support PHN use for planning primary care services
- Concerns about supporting appropriate use of a complex model
 - Licensing and training requirements

Supporting implementation 2017-2021

- Positioned as a key national tool supporting regional service planning
- Formal national release under licensing
- Roll-out of face-to-face training workshops for >200 planners over 2017-2019
- ‘Help-desk’ central advice and support for users
- Move to web-based tool to improve access & stability
- Public release of technical documentation

Phase 3 further development 2018-2022

Addressing user priorities:

- Updated epidemiology and modelling parameters
- Streamlined care profiles
- Specific population modelling:
 - Aboriginal and Torres Strait Islander (<https://doi.org/10.1111/1753-6405.13202>, <https://doi.org/10.1017/S2045796022000233>)
 - Rural
 - Young adult (<https://doi.org/10.1111/eip.13253>)
 - Forensic (in progress)

Example applications

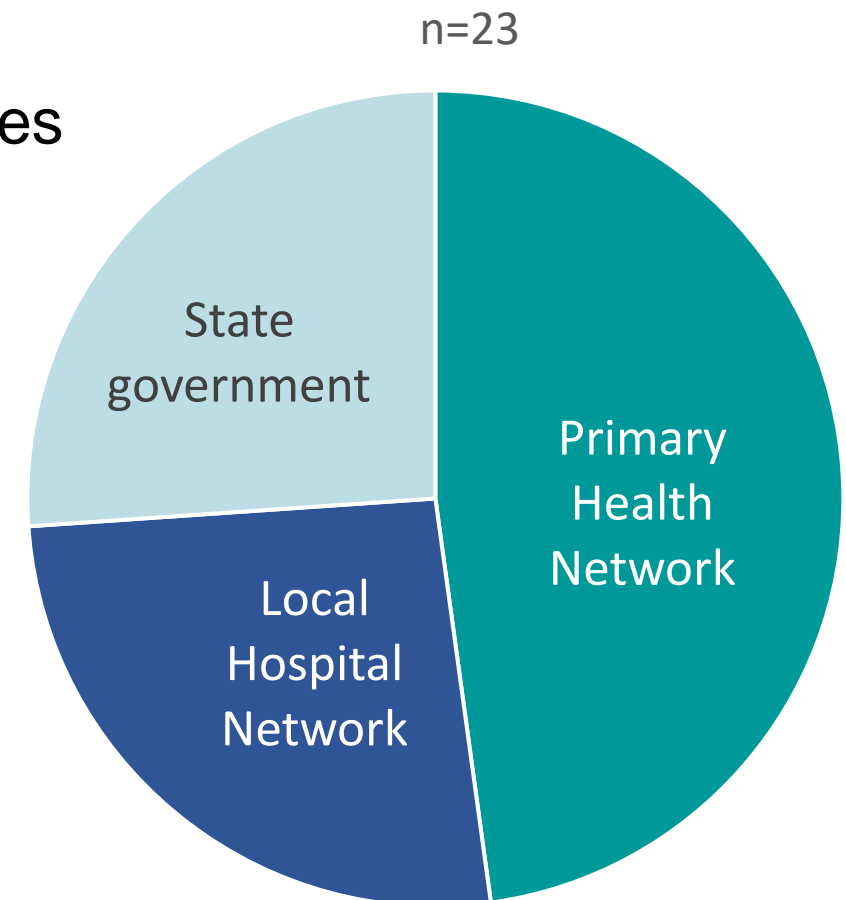
- State and regional mental health planning and comparative analyses with current service provision (e.g. <https://doi.org/10.1071/PY20150>)
 - Whole-of-system
 - Specific planning questions e.g. youth step-up/step-down beds
- National Productivity Commission inquiry into mental health
- National Mental Health Workforce Strategy
- Urban Indigenous peoples' mental health service access

Supporting implementation 2022-

- Hosting by the Australian Institute of Health and Welfare (<https://www.aihw.gov.au/nmhspf>)
- Website, videos, secure resources, newsletters
- Self-paced online training program to improve access & sustainability
 - ~400 users and trainees
- Ongoing 'help-desk' central advice and support for users

User support needs

- January 2022 survey of mental health planners
- Questions developed from earlier identified issues
 - How they are using the NMHSPF
 - Barriers and facilitators
 - Desired model improvements
- New survey in November 2022



Challenges impacting use of the NMHSPF

1. Lack of capacity (time and/or expertise) – 52%

“The comprehensiveness of the tool requires a dedicated staff/leader and time... whenever funding opps come up we usually have forty eight hours notice or less”

2. Aligning the NMHSPF to compare with local service activity – 38%

“We are currently unclear if the care types referred to in the care profiles match the nomenclature we use in [our jurisdiction] for our MH services”

Types of additional support needed

Better access to service delivery data	55%
Peer learning	
Moderated user platform to share with peers	55%
User workshops to share work and discuss challenges	46%
Access to advice from experienced users	41%
Supporting guides & examples	
Examples for reporting analyses	46%
Additional resources on using the web-based tool	41%
Additional documentation on the modelling	36%
Expert review/assistance	
Central analysis of the NMHSPF	36%
Technical support help desks	32%

Conclusions

- Health planners want to use evidence to inform decision-making
- They have limited time – need robust, timely evidence with clear guidance, user-friendly tools
- Complex tools require ongoing expert input, central support and local engagement
- Peer learning and applied examples are valuable
- Planning is not just about research evidence!
 - Local stakeholder views
 - Funding and workforce capacity
 - Constraints e.g. earmarked funding, difficult to decommission