Conference Abstract

Reforming the Australian Mental Health System: can network theory and methods help?

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Abstract

Introduction: Background. The Australian Mental Health System is highly fragmented. The separation of Federal and state funding and the complexities of public, private and voluntary sector provision have produced a system that is neither needs nor evidence-based. A National Mental Health Commission has been instructed to review the whole system and some states have Commissions that are conducting their own reviews. Their objective is to reshape mental health care into more integrated, consumer and recovery focused services rather than the current provider and funder-based models.

Problem statement: While the move towards integrated service arrangements aims to provide more comprehensive and coordinated care, these new arrangements can be difficult to implement, structure and govern. Organisations must learn how to work together in new ways.

Theory & Methods: A systematic review provides evidence on the behaviours and processes required to establish linkages and collaborate effectively. Network analysis methods are used to observe the structure and activity of collaborative arrangements and three Australian case studies are used to illustrate the value of theory and analysis in practice.

Results: Our review shows that that effective clinical service linkages require direct collaborative activities, agreed guidelines and communication systems. These linkages are enabled by regular clinical meetings addressing goals, roles and treatments, which are necessary but not sufficient. At a higher level, leadership across the networked organisations is also required to legitimise and provide resources for collaboration. Feedback from the network analysis informed the organisational members about their main activity, their coordination structure, worker roles and member commitment. Network tensions were revealed, showing that the use of network data can cause conflicts and must be used sensitively. Ongoing problem-solving was required and facilitated by effective governance processes and skilled champions who span boundaries between services. Our case studies include: (a) a Community Mental Health Team, GP practice and visiting specialists, (b) a Mental Health Team, Aboriginal Health Service, Regional Health Service and a hospital, and (c) an Older Persons Mental Health Service Network. These are used to illustrate our findings about the requirements for collaboration, the use of network analysis methods and tools and the challenges in designing, governing and implementing collaborative care networks.

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Conclusion: Our findings from a systematic review, network analyses and case studies show that an understanding of the behaviours and processes required for effective collaboration will be important for Mental Health Commissions to address the problems of service fragmentation and the lack of consumer and population focus in Australia. The use of network theory and methods to understand and monitor activity is crucial if serious problems are to be identified and addressed and if networks are to survive. The evaluation of case studies of integrated mental health services is important to enable learning and the development of effective integrated models. Our research provides some support to the epithet that all integration is local.

Keywords

mental health, health and social care services, integrated care networks

Powerpoint presentation:

http://www.integratedcarefoundation.org/content/special-session-towards-integrated-mental-health-care