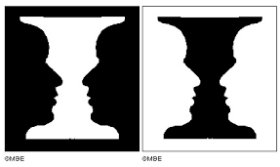
Integrate, Coordinate, Complement or Tolerate: Exploring International Approaches to non-government organisations within mental health systems

This match was hosted by **Community Mental Health Australia** which is the alliance of the state and territory mental health NGO peak bodies in Australia. The match attracted 25 delegates. The focus of the two days was to explore international perspectives and approaches to inclusion of NGO providers in mental health service delivery and system reform. Countries that were represented during the match were Australia, New Zealand, Netherlands, Canada and the United States of America (USA). Six of the eight Australian states and territories were represented.

IIMHL Program

The morning of day one was spent sharing the key issues relevant to the match theme currently before each participating country including a skyped presentation and conversation with the USA delegate to the match.

Some of the current issues before NGOs were summarised using images to set the scene on Day 1.



Power of 'non' language - non-government, non-clinical, non-professional

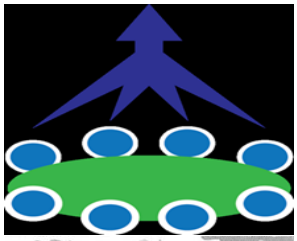
Innovative practice approaches: trauma, open dialogue, working with voices

Restrained advocacy – closed doors –impact of competitive tendering

Choice and control –service and business adjustments to adopt personalised funding models

Movement of staff between sectors – treatment/medical and psychosocial support and wellbeing sectors

'Top down' v 'bottom up' commissioning- govt. purchasing /tight KPIs v more flexible grants



Expansionist agendas and diversified funding. Corporate Boards Merges /takeovers /consortia.

Agendas derailed due to government cost shifting leading to service disruption

Policy directions mandating cross human service agency responsibilities.

Co-design being explored. People with lived experience employed in services and on Boards. Focus on consumer run services

The introductory presentations and conversations from each of the participating countries highlighted that synthesising the similarities and differences of international mental health systems is complicated by the heterogeneous landscapes that mental health care is delivered in. Some of the key systems differences between countries included:

- Disruptive political environments (Brexit & Trump)
- Structure of health care systems from almost fully privatised systems to welfare states (USA close to fully privatised health care vs Australian Medicare system)
- Percentage of funding allocated to mental health care
- Percentage of services being delivered by Community Managed Sectors
- How services are commissioned or purchased (Grants versus contracts)
- Lack of integration between key service systems (housing, physical health, employment etc)

Key learnings and reflections from the various presentations and discussions occurring at the match over the two days are summarised as follows noting the group did not aim for consensus but to take a first step towards ongoing dialogue.

- **Contrasting models of service delivery**

Two site visits on day 1 of the match highlighted contrasting but effective predominately centre-based models. Pioneer Clubhouse with its program based participatory model versus Weave which adopts a more flexible community development approach particularly with the local first nation's people.

- **Family engagement and natural supports**

This was a reoccurring theme considered to be fundamental to effective recovery orientated services delivered through community organisations. NZ services have a particularly strong recognition of whanau which is at the centre of service approaches.

- **Individualised approaches**

There was discussion regarding how best to achieve individual flexibility with healthy outcomes – balancing choice with what works, and choice with practice innovations and quality standards.

- **Medical versus community approaches**

Community based environments need to be the centre of service delivery with clinical in reach into these. Medical system reform is required. The hospital is no longer the centre of care in the Netherlands and there is much to learn about how this reorientation occurred.

- **Funding models and approaches**

Funding models need to enhance service provision not impede it. This should include funding approaches that allow for the growth of community based solutions and support innovation. There is a need to establish principles for working to support community service development that can influence funding models. In Australia the complexities of national and state funding arrangements can result in fragmentation and blurring of roles and responsibilities which results in blaming.

- **Influencing policy**

Many community managed organisations find ways around constraints to provide effective responses. A challenge is to 'lead up' into the policy environment with consideration to the growing complexity of the service delivery environment.

- **Targets for service delivery**

There is a need to set targets for service delivery based on evidence of what works. Consideration should be given to population based targets and accountabilities and performance based funding.

- **National Disability Insurance Scheme (NDIS)**

The NDIS currently being implemented across Australian is complex and there are issues in its relationship to psychosocial supports which needs further analysis particularly with regards to quality and safeguards and access to a skilled and effective workforce.

- **System navigation**

The processes for accessing assistance/help can be extremely complex and difficult to navigate. Greater consideration needs to be applied to determining and promoting the range of pathways to care. Gatekeeping of eligibility for NGO services held by treatment services hampers effective access and inclusion of NGOs within local communities.

- **Integration**

It is unclear what integration actually means. It is important that for real integration there is not one dominate group (including that relating to funding control). There is a role for general practice in linking with community managed organisations. Integration needs to consider the health/mental health interface with other services such as criminal justice, youth services and housing.

- **Gaps**

There is a requirement to consider who falls outside the current system of services. This includes consideration of the motivation paradox, where those with the highest needs are often hardest to engage.

- **Technology**

Consideration needs to be applied to technology options and drivers and what this means for service delivery now and into the future.

- **Professional Association**

The benefits of establishing a professional association for people working in the psychosocial health and wellbeing and/or community mental health sector requires deeper exploration with an aim to more clearly define and profile the capacity and potential of the sector to effectively provide the full range of services.

- **Social entrepreneurship**

More consideration should be applied to the development of social entrepreneurship models such as that applied in Trieste, Italy.

Documents provided to the group from delegates to support the match aims included:

- European Community Based Mental Health Service Providers (EuCoMS) Network (2017)
  Values Ambitions of EuCoMS
- **Platform New Zealand (2016)**
  Platform Trust & Network 4 Joint Statement
- **Canadian Mental Health Association Toronto Branch(2015)**
  More for mind
- **Platform Trust & Te Pou o Te Whakaaro Nui (2015)**
  On track knowing where we are going
- **An Exploration of the Evidence System of UK Mental Health Charities (2016)**
  Evidence system of UK MH charities

Match outcomes and next steps:

Three key areas that have immediate application for shared work amongst two or more of the participating countries are (i) establishment of an international alliance of peak community sector mental health bodies and associated organisations to promote the outcomes of approaches to community based psychosocial health and wellbeing (ii) approaches to commissioning of community services to meet community needs, and (iii) the concept of professional association for the psychosocial health and wellbeing workforce and how this might optimally be achieved

It was very apparent from the two days of sharing, learning and debate that establishing a mechanism through which the group could connect would be important if the conversations started were to develop. The breadth of the shared perspectives amongst the group were extensive and individual connections relating to specific topics valuable to pursue with or without creation of a single on-line platform for the match group. However, commitment was made to explore on-line options for the group to remain connected with the aim of building on shared directions and creating a collaborative agenda leading up to the next IIMHL in Stockholm.

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