Review of Managing Madness: Mental Health and Complexity in Public Policy, Evidence Base.

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Rosenberg, S. and Hickie, I. (2013). Issues 3. Journal of Australian and New Zealand School of Government. Brain and Mind Research Institute, University of Sydney

Abstract
This paper explores the concept of collaborative care, particularly in relation to a range of new models of organisation and service that are emerging in response to one of the most problematic areas of public policy – mental health. These emerging models of coordinated mental health care are testing the limits of the evidence supporting coordinated care, and require critical evaluation. Myriad concepts of collaborative or coordinated care in health, including mental health, have created multiple definitions. Once definitional issues have been surmounted, however, the evidence for coordination of health care is reasonably strong. There is considerable research about which treatments and programs are best for people with a mental illness. There are few areas seemingly as complex as mental health, given that responsibility for policy and service lies across all three tiers of Australian government and across multiple jurisdictions. It also engages public, private and non-government sectors. Co-morbidities are commonplace, particularly drug and alcohol problems among younger people. Governments in Australia have traditionally taken responsibility for policy, programs and services, either as direct service providers or through contracting outputs from others. Yet the evidence indicates that for people with a mental illness, the best solutions are often not found in government but in the community and in organisations outside of government. New organisations and new structures are attempting more holistic management approaches, combining clinical care, community support, housing, employment and other services. This paper considers some of these new models in the light of existing evidence.

The key challenge facing continued reform in mental health is not uncertainty regarding programs or services, but rather how to drive coordinated care for consumers across departments, governments and providers. This review will highlight the key changes that must be made for the benefit of the millions of Australians with a mental illness. Such changes need to empower users of care systems to choose options that actively support coordinated and efficient care delivery systems.

Review by Terry Sarten, CHW School-Link Coordinator
Sebastian Rosenberg and Ian Hickie from the University of Sydney provide a solid overview in this paper of the responses to mental health in Australia across the spectrum of policy, provision and consumer experience. The authors acknowledge that services for those with mental illnesses are a challenge for both government and NGO's. Joined up responses to counter the silo effect have long been advocated but this paper suggests that despite numerous reports, little has changed and that gaps in services remain where "people get lost in the system, leaving themselves and their families vulnerable to significant health and social risk". It notes the many reports, policies and plans that have been produced over the last twenty years and the 50 separate statutory inquires held between 2006 – 2012 and the recurring theme of policy and service silo's.

"While many agencies are engaged in the provision of services to people with a mental illness, public policy approaches are characterised by an ongoing concern for outputs such as occupied bed days and processes such as competitive tendering. This unintelligent approach leaves Australia largely outcome-blind with regard to the health, economic and social impact of mental health care (Crosbie 2009), and also generates a sense of unhealthy competition between service providers, rather than collaboration. A key finding of the Senate Select Committee of Inquiry into Mental Health in 2006 was that policy and service silos were preventing effective care".

"Mental health is ideally suited to the development of a more integrated public policy approach because:
it is complex and multi-factorial in causation; the knowledge and resources to deal with the issues are located across many sectors and do not lie exclusively within the public sector; there are a growing number of non-government agencies with shared goals in addressing the issue; and meeting multi-dimensional client needs will require the involvement of several agencies involved in service delivery, particularly for individuals with the most critical needs".

"Governments and others are beginning to invest in a range of new models to deliver this flexible and integrated approach. This paper aims to present some of these models in the hope they are fully evaluated and add to our understanding about effective collaborative mental health care. Ending the enduring sense of crisis enveloping mental health in Australia depends on our capacity to develop new ways".

The paper discusses potential response that could fill these gaps focusing on case coordination and collaboration. Case coordination is cited as one area with an increasing body of supporting evidence. This is tempered by definitions and variations in the various models;

"The challenge in relation to a review of care coordination is less about finding evidence of its effectiveness and more about actually pinning down a definition. While assumptions of common understanding are often made, the actual term used to describe care coordination in fact varies considerably and could include case management, collaborative care, inter-professional management, multidisciplinary care, shared care and team coordination, to mention just a few".

They note that the US Agency for Healthcare Research and Quality (McDonald *et al*. 2007) identified forty separate definitions of care coordination. The Agency was able to propose a considered summary definition based on its review.

"***Care coordination is the deliberate organisation of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organising care involves the marshalling of personnel and other resources needed to carry out all require patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.***

(McDonald *et al*. 2007):
From an Australian perspective, the Mental Health Coordinating Council of NSW (201) in a review of the literature lists a useful set of key guiding principles for service coordination, indicating it should be:

- *person directed driven and centred;*
- *inclusive of family, friends, peers and community;*
- *culturally safe and appropriate;*
- *recovery oriented;*
- *socially inclusive and seeking to address discrimination; and*
- *tailored and suited to individual needs, consistent with individual preferences.*

It is suggested that this list include "services must be relevant – the right service at the right time and in the right place"

The authors note that even though settling on a definition is difficult, ***"there is little problem finding evidence to demonstrate the benefits of care coordination, both for chronic conditions generally and in relation to mental health specifically.***

The following quotes from Shergold, Considine and Lewis are a good snapshot of the complex weave of the various agenda's that this paper attempts to capture in a useful overview of the Australian response to mental health needs. ..

"There are too many silos between central, line and operational agencies. Often they fail to recognize that no-one has a monopoly on experience or wisdom. There are too many ambiguities of role between jurisdictions in the crucial interstices of Commonwealth-State responsibilities for health, education, aged care, and disability support and infrastructure development. We focus on jurisdictional cost-shifting: citizens listen and hear only blame shifting". Peter Shergold, 2005

"Given the enduring problems it faces in Australia, mental health is a perfect example of the need for public policy to build on what is proven about the benefits of collaborative care, so as to develop new approaches to drive even greater cooperation between service providers. Older style models of managing through either hierarchy or market forces do not seem capable of generating this collaboration". (Considine and Lewis 2003).

References

Considine, M. and Lewis, J. (2003). Bureaucracy, network or enterprise? Comparing models of governance in Australia, Britain, the Netherlands, and New Zealand. *Public Administration Review.* Volume 6, Issue 3(2), Pp. 131–140

Crosbie, D. (2009). Mental health policy – Stumbling in the dark? *Medical Journal of Australia.* Volume 190, Issue 4, Pp. S43-S45

McDonald, K.M., Sundaram, V., Bravata, D.M., Lewis, R., Lin, N., Kraft, S., McKinnon, M. and Paguntalan, H. (2006). *Senate Report: Select Committee on Mental Health, From Crisis to Community.* Canberra.

Shergold, P. (2005). Bringing Government Together, speech to the IPAA SA conference. Connecting Government, 8th April.