
CONFERENCE ABSTRACT**Integrated mental healthcare in Australia: rural pact and city partnership**17th International Conference on Integrated Care, Dublin, 08-10 May 2017David Perkins¹, John Leary², Peter McGeorge³, Lee Ridoutt⁴, Victoria Hirst⁴, Hazel Dalton¹, Donna Read¹

1: University of Newcastle, Australia;

2: John Leary Consultants, Mid North Coast LHD, Australia;

3: St Vincents Hospital, Sydney, Australia;

4: Human Capital Alliance, Sydney, Australia

The responsibility for Australian health services is shared between public and private sectors and three levels of governments. Service planning is difficult ; shifting of blame and costs endemic. It produces fine plans that are not matched by performance and the Federal Government is currently responding to a national review of the effectiveness and efficiency of health services completed in 2015.

Health services in Australia chiefly focus on two of the four aims of health systems: individual patient care and provider efficiency. The failure to address population health and workforce issues results in a distorted and expensive system which largely fails to address prevention, early intervention or the use of low-intensity solutions. There are some signs of progress in the development of Primary Health Networks, charged with regional planning for mental health and suicide prevention services for defined populations, but many are just finding their feet.

This paper will examine two partnerships. The Integrated Mental Health pact (IMHpact), as in agreement, has addressed this challenge for the rural Mid-North Coast (NSW) population by setting up an independent co-operative of public and NGO sector organisations with responsibilities to the community, not to any single organizational member in order to ensure its stability, sustainability and effectiveness.

The Sydney Inner-city Urban Partnership for Health and Wellbeing (UP) addresses the needs of a vulnerable inner-city population with serious and persistent mental illnesses that are often combined with coexisting conditions and social adversities. The network combines a rich combination of clinicians, providers and sponsors from all sectors as it attempts to reframe service provision within a context where resources and incentives are poorly aligned with desired outcomes.

Both models of care have been in development for about three years and adopt a place-based approach to care which attempts to shift attention from provider to beneficiary and to use principles of co-design to provide better care.

Perkins; Integrated mental healthcare in Australia: rural pact and city partnership

The paper will present contrasting rural and urban research evidence to better understand the development of the partnerships and highlight the lessons learnt.

Keywords: mental health; integrated care partnerships; rural; city
