



ConNetica
CREATING BETTER FUTURES

A whiz around the wide world of mental health

National Employment Services Asso. Conference 2018

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Main message for today ...



.. Otherwise you may have Post-truth Adjustment Disorder (PTAD)



Strategic Partnerships



Associations



Eight big things in mental health 2018 ...

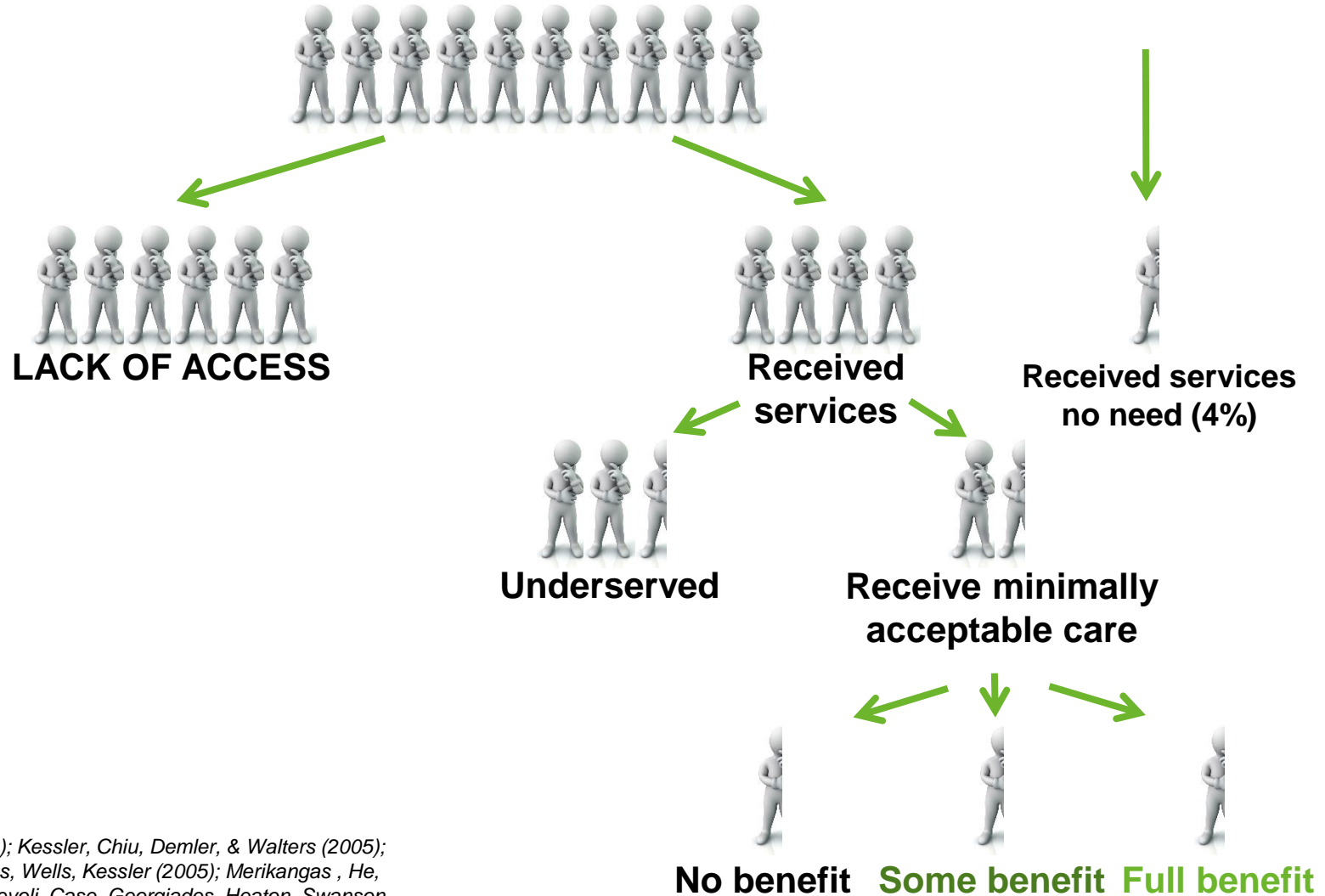
4 Realities

4 Revolutions

&

So what ...

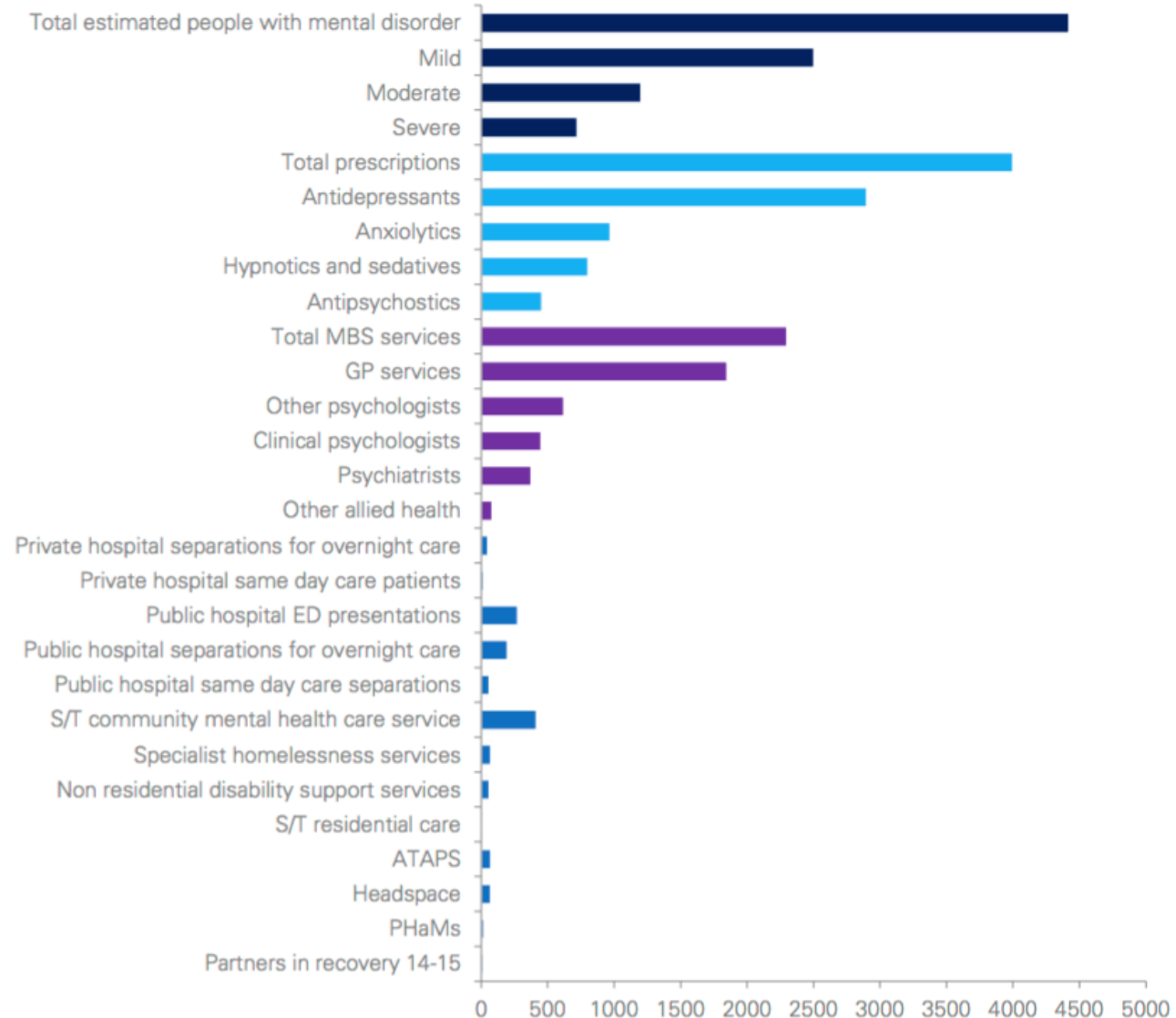
REALITY 1: We have failed to *Bend the Curve*?



SOURCES: NSDUH (2013); Kessler, Chiu, Demler, & Walters (2005); Wang, Lane, Olsson, Pincus, Wells, Kessler (2005); Merikangas, He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olsson (2011), SSA Publication 13-11827 (2014)

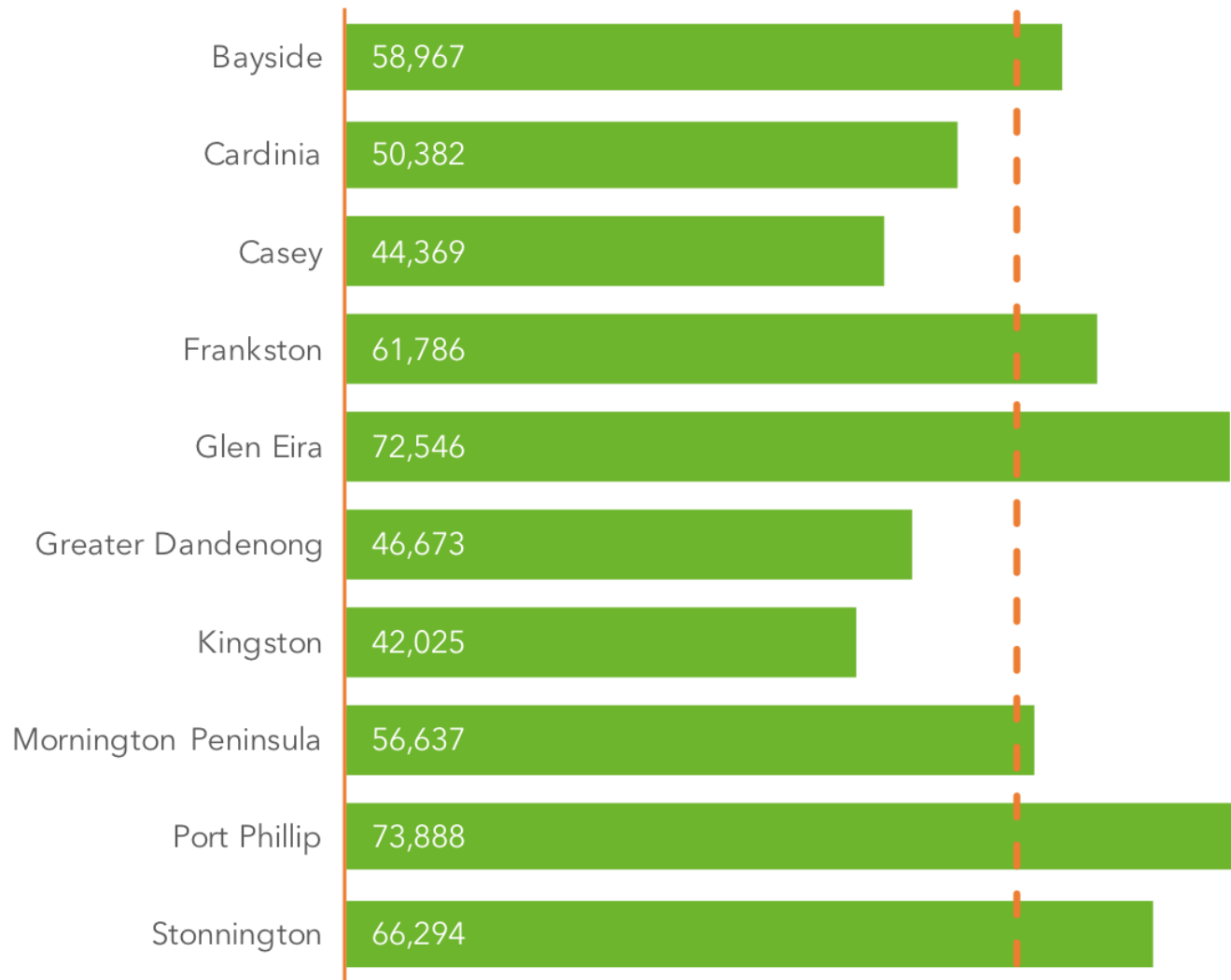
Access remains poor, particularly for those with moderate severity

Number of people accessing mental health services, 2015-16 (,000s)



Source: *Investing to Save*,
MHA & KPMG 2018

Just Take Medicare:
Universal care?
NOT!



MBS MENTAL HEALTH SERVICE CLAIMS PER 100,000 POPULATION IN SEMPHN (2014-15)



Inequity: Exacerbated by Relative Disadvantage

LGA	Single parent families* (%)	Homelessness (per 1,000) †	Needing Assistance* (%)	Early School Leavers* (ASR per 100)	Unemployment† (%)	Income <\$400/wk† (%)	IRSD Score (Decile)†
Bayside	12.4↓	2.2↓	4.2↓	15.8↓	3.2↓	32.7↓	1091 (10) ↑
Cardinia	19.2↓	1.7↓	4.0↓	37.9↑	7.0↑	37.6↓	1024 (9) ↑
Casey	18.5↓	3.4↓	4.2↓	34.3↑	8.0↑	39.7↓	1006 (8) ↓
Frankston	26.6↑	3.6↓	4.8↓	34.0↑	6.0↑	38.6↓	997 (7) ↓
Glen Eira	12.7↓	2.7↓	4.5↓	17.5↓	4.1↓	34.9↓	1069 (10) ↑
Greater Dandenong	22.3↑	10.3↑	6.6↑	34.3↑	12.4↑	50.4↑	895 (2) ↓
Kingston	15.9↓	2.4↓	4.9↓	26.5↓	5.8↓	37.8↓	1038 (9) ↑
Mornington Peninsula	22.7↑	1.8↓	5.1↑	29.9↑	4.3↓	39.5↓	1023 (8) ↑
Port Phillip	18.6↓	15.3↑	3.3↓	14.0↓	4.2↓	24.1↓	1066 (10) ↑
Stonnington	12.7↓	5.1↑	3.5↓	12.4↓	3.0↓	28.4↓	1084 (10) ↑
SEMPHN	18.6	4.6	4.6	26.8	5.7	37.3	1022
Victoria	19.6	4.0	5.0	29.4	5.9	39.9	1010
Australia	21.3	4.9	4.6	34.3	5.9	38.9	1000

Socioeconomic Factors in SEMPHN

REALITY 2: Quality of care patient centred ...NOT!

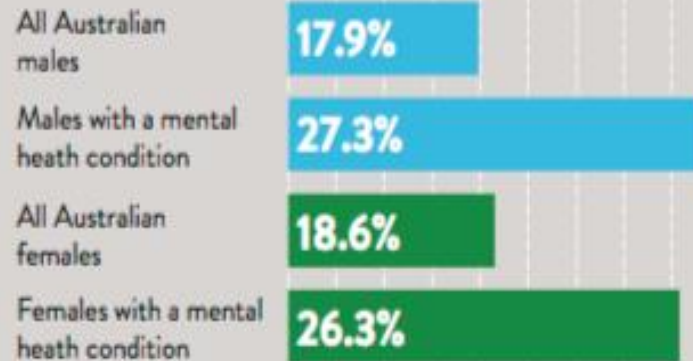
- . Outcome blind
- . Boilerplate approach
- . Poor assessment
- . Poor care coordination
- . Not evidence based care
- . Low self care
- . Low literacy in community



*"When we want your opinion,
we'll give it to you."*

Australian Mental & Physical Health Tracker Report Card
AHPC, 7/8/18

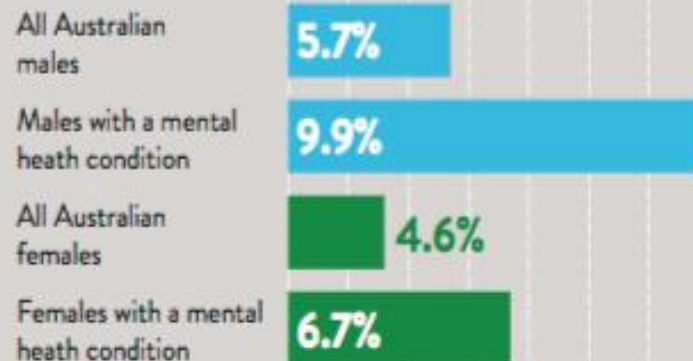
CIRCULATORY SYSTEM DISEASE



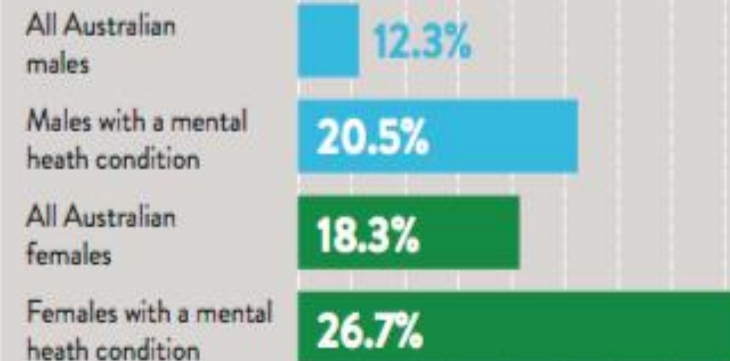
BACK PROBLEMS



DIABETES



ARTHRITIS

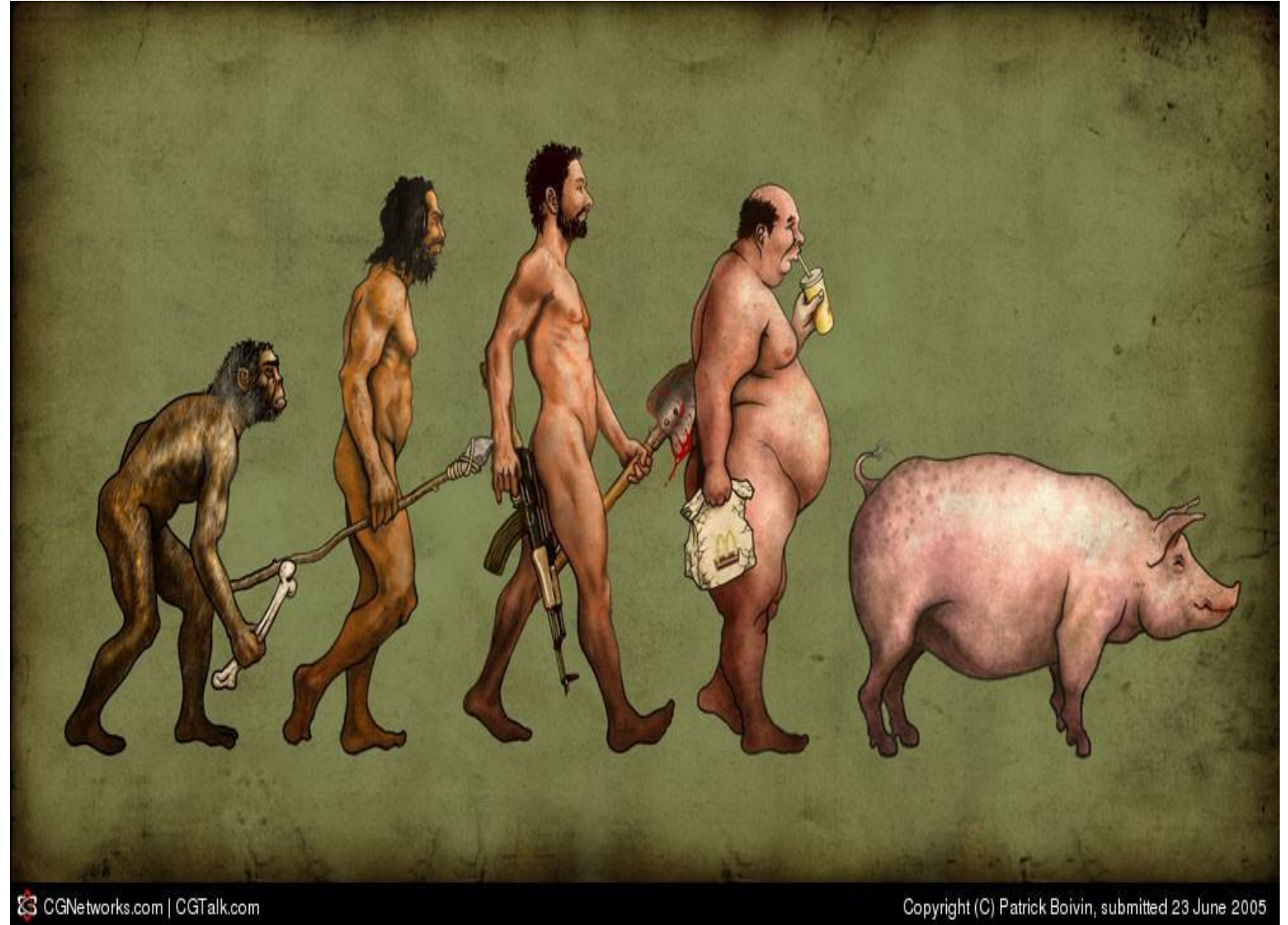


<https://www.vu.edu.au/sites/default/files/australias-mental-and-physical-health-tracker-report-card.pdf>

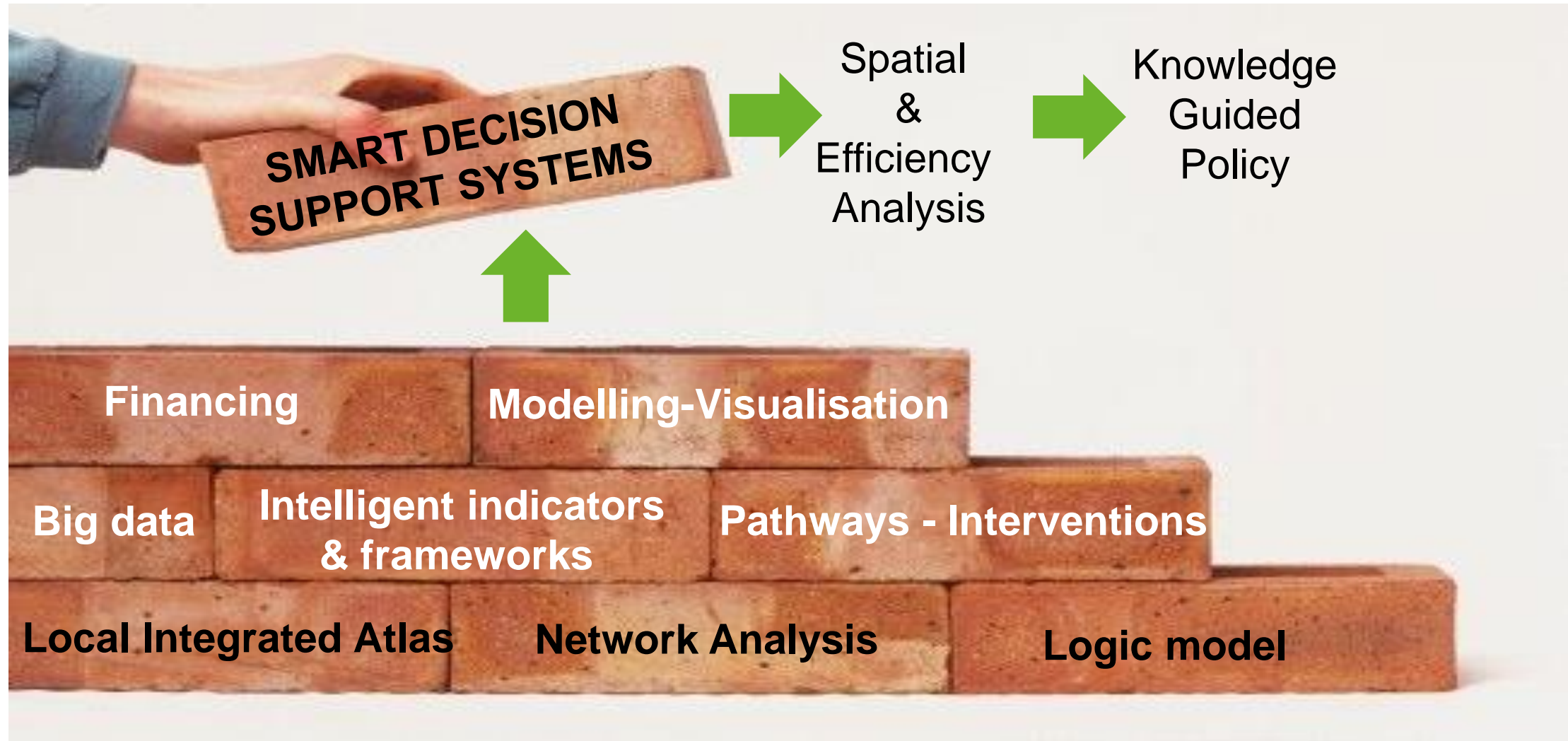
POOR QUALITY OF CARE:

Mental & Physical wealth of our nation .. Not in great shape

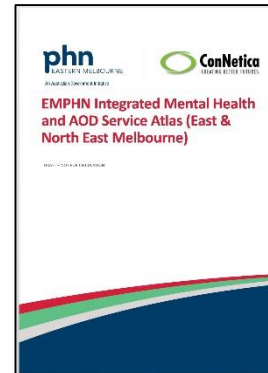
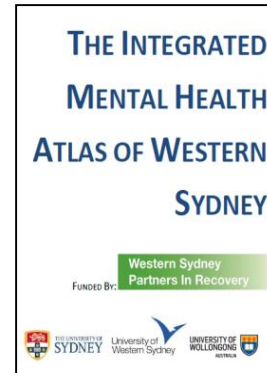
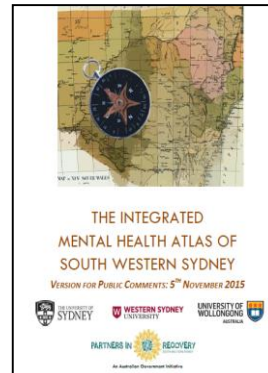
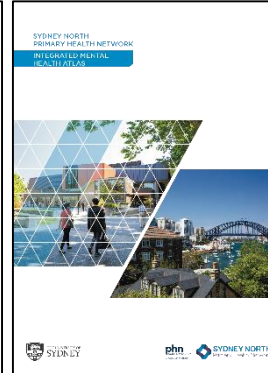
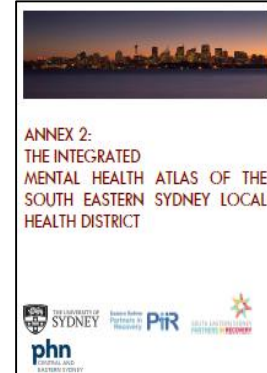
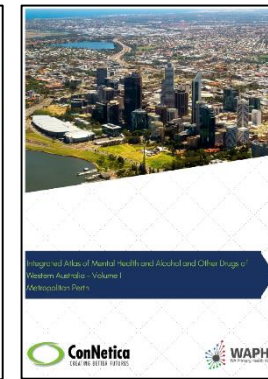
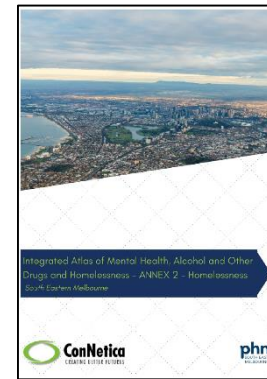
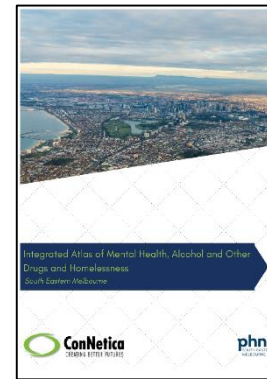
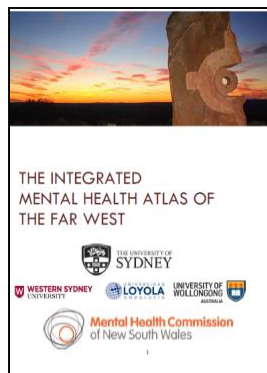
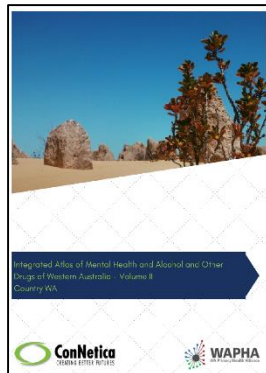
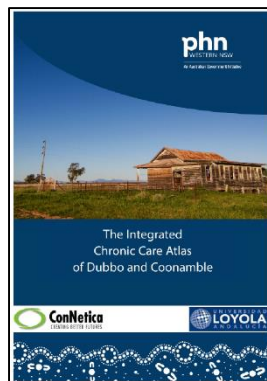
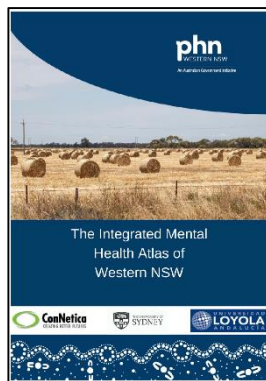
Our evolutionary trajectory



REALITY 3: WE DO NOT APPLY **SYSTEM THINKING** IN HEALTH PLANNING

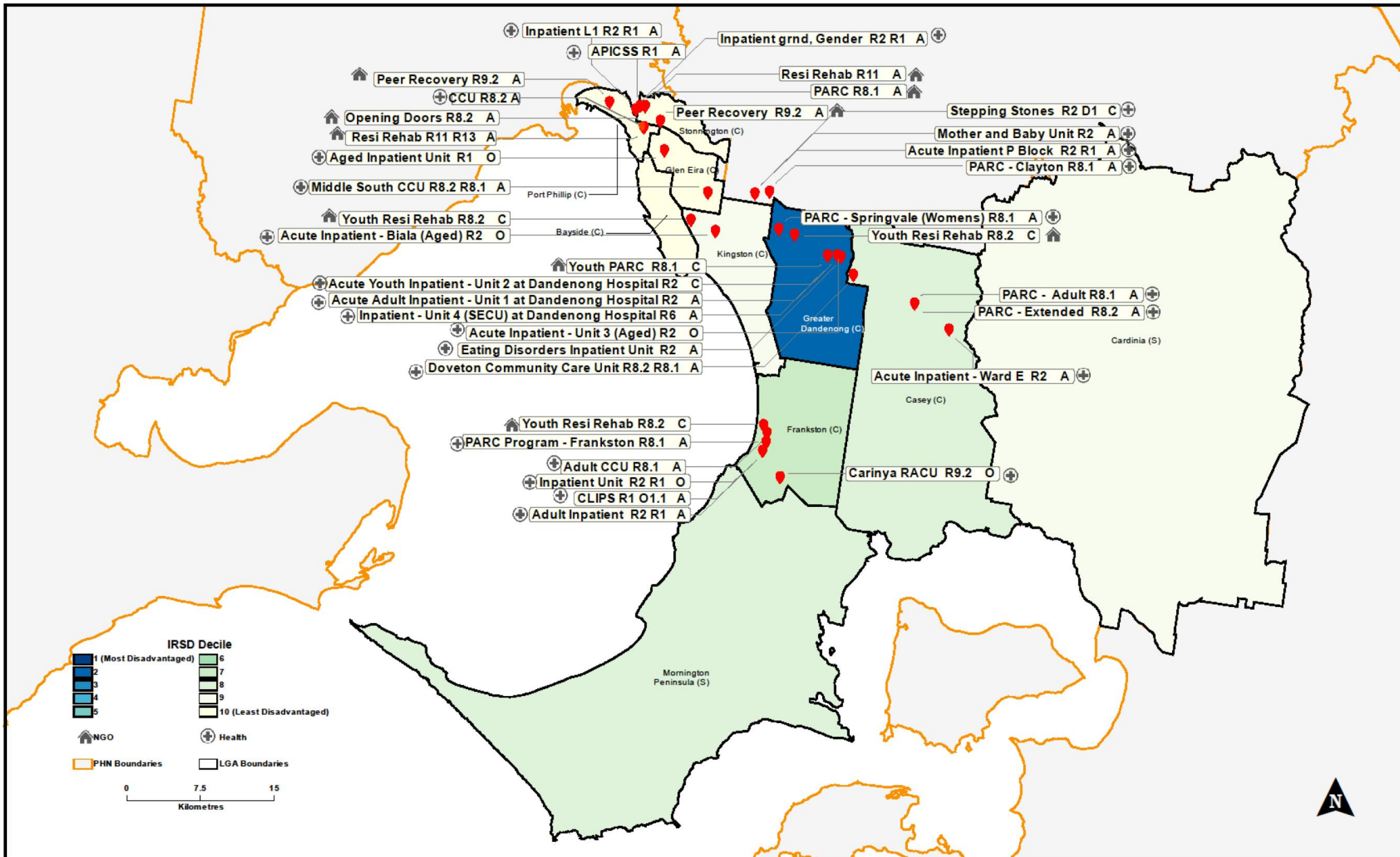


URBAN
RURAL



Under development

Under development



Mental Health

Residential Services

Sourced from: PHIDU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN

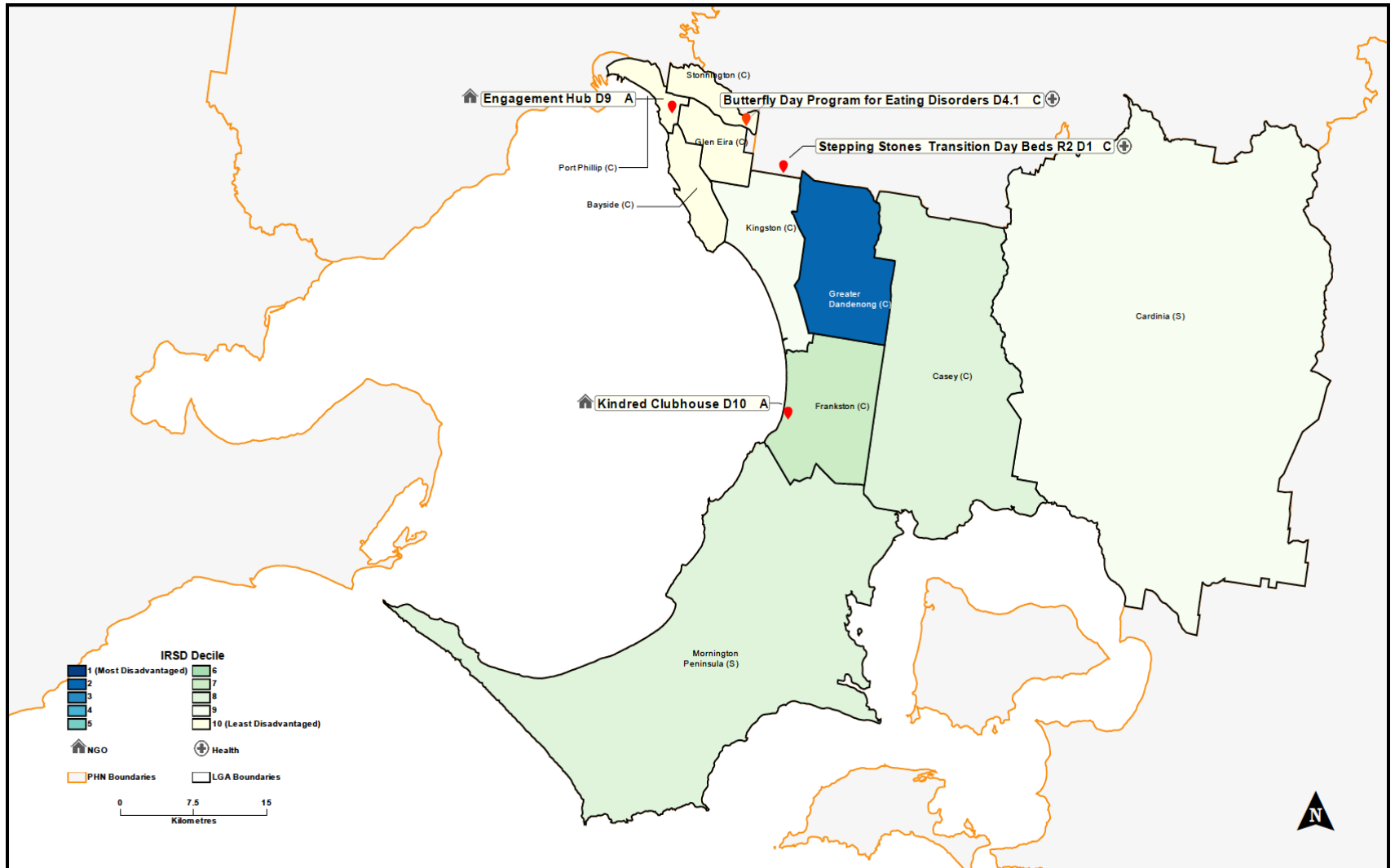
Victoria

A = Adult

C = Child, Youth and Adolescents

O = Older Adults





Mental Health

Day Care Services

Sourced from: PHIDU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN

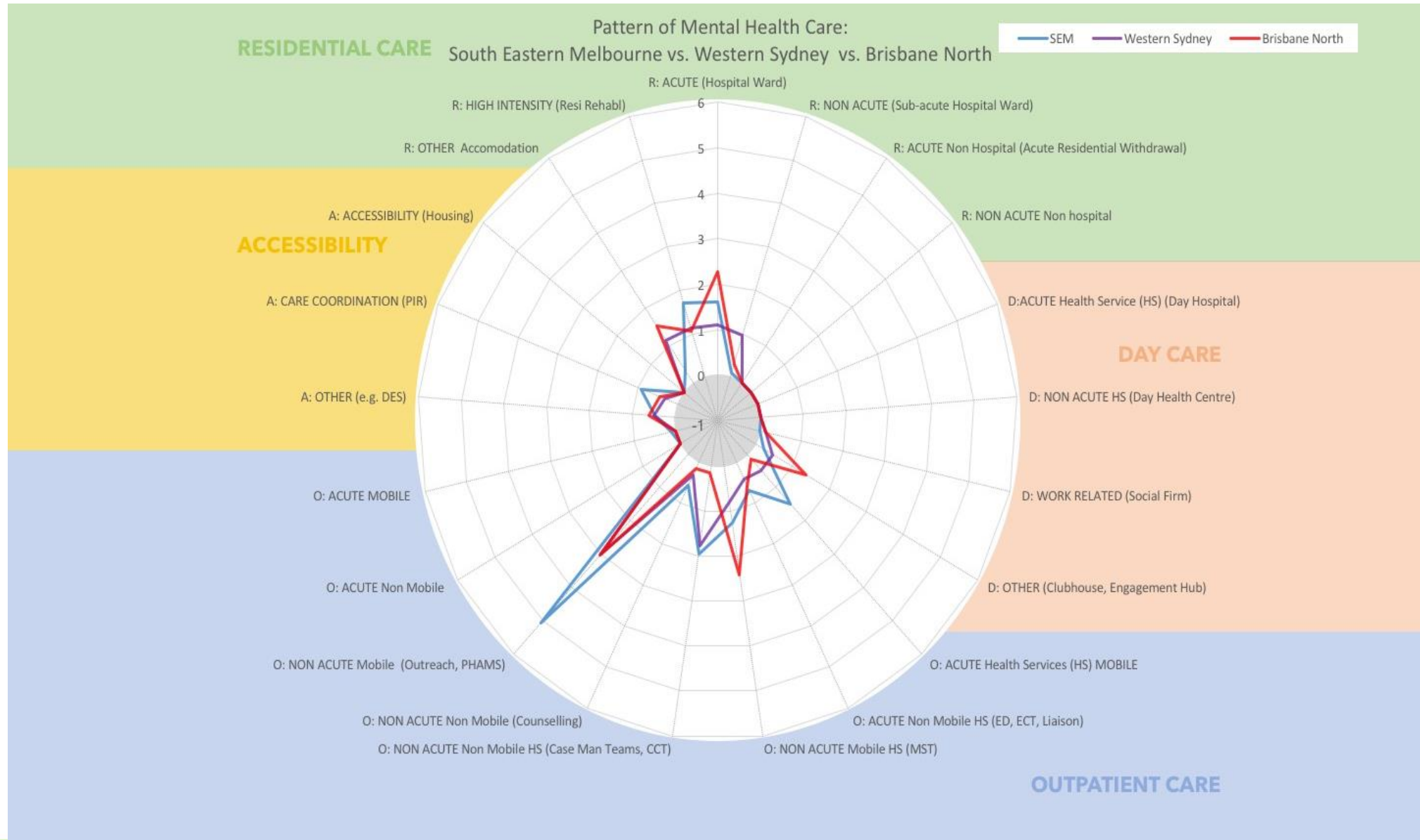
Victoria

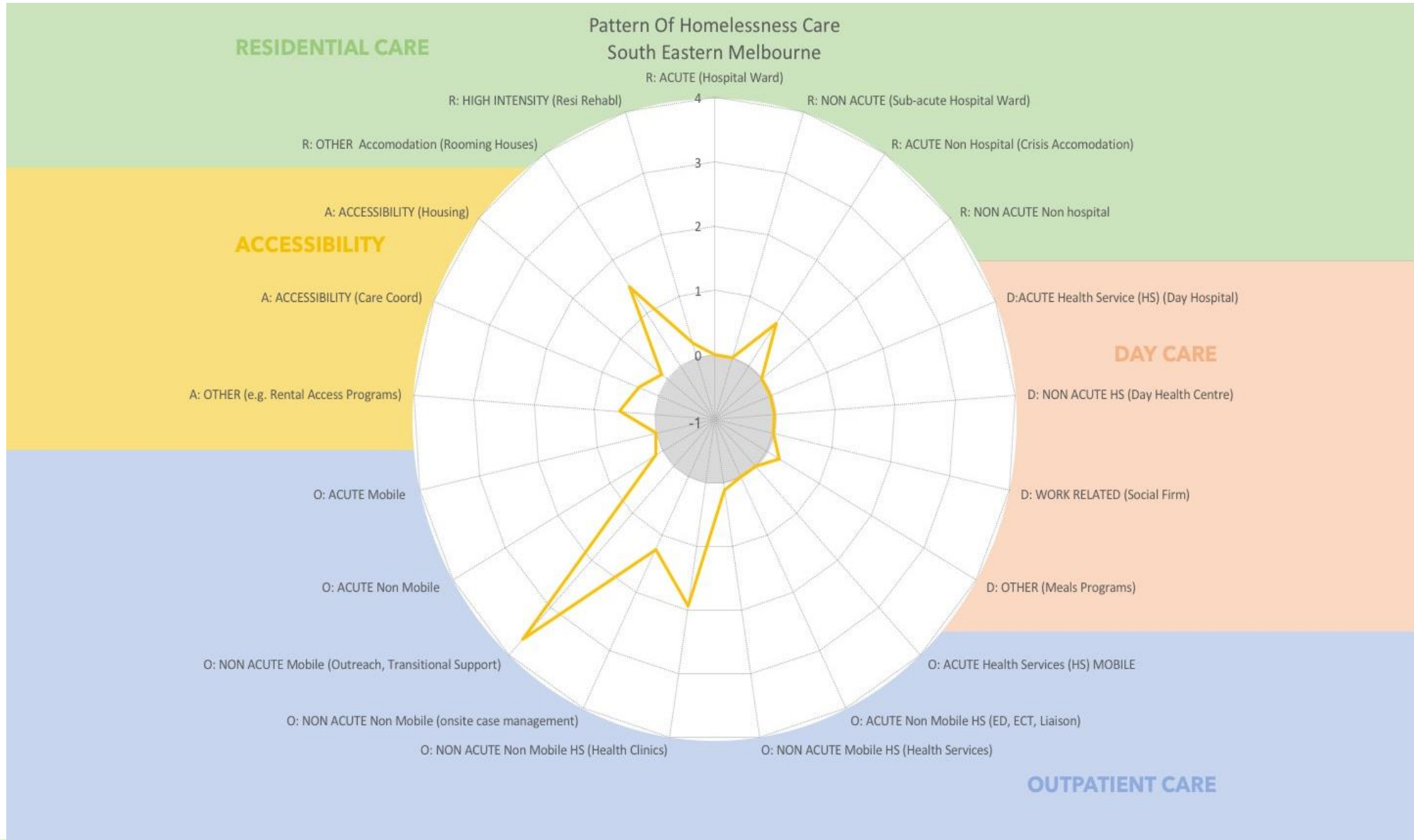
A = Adult

C = Child, Youth and Adolescents

O = Older Adults

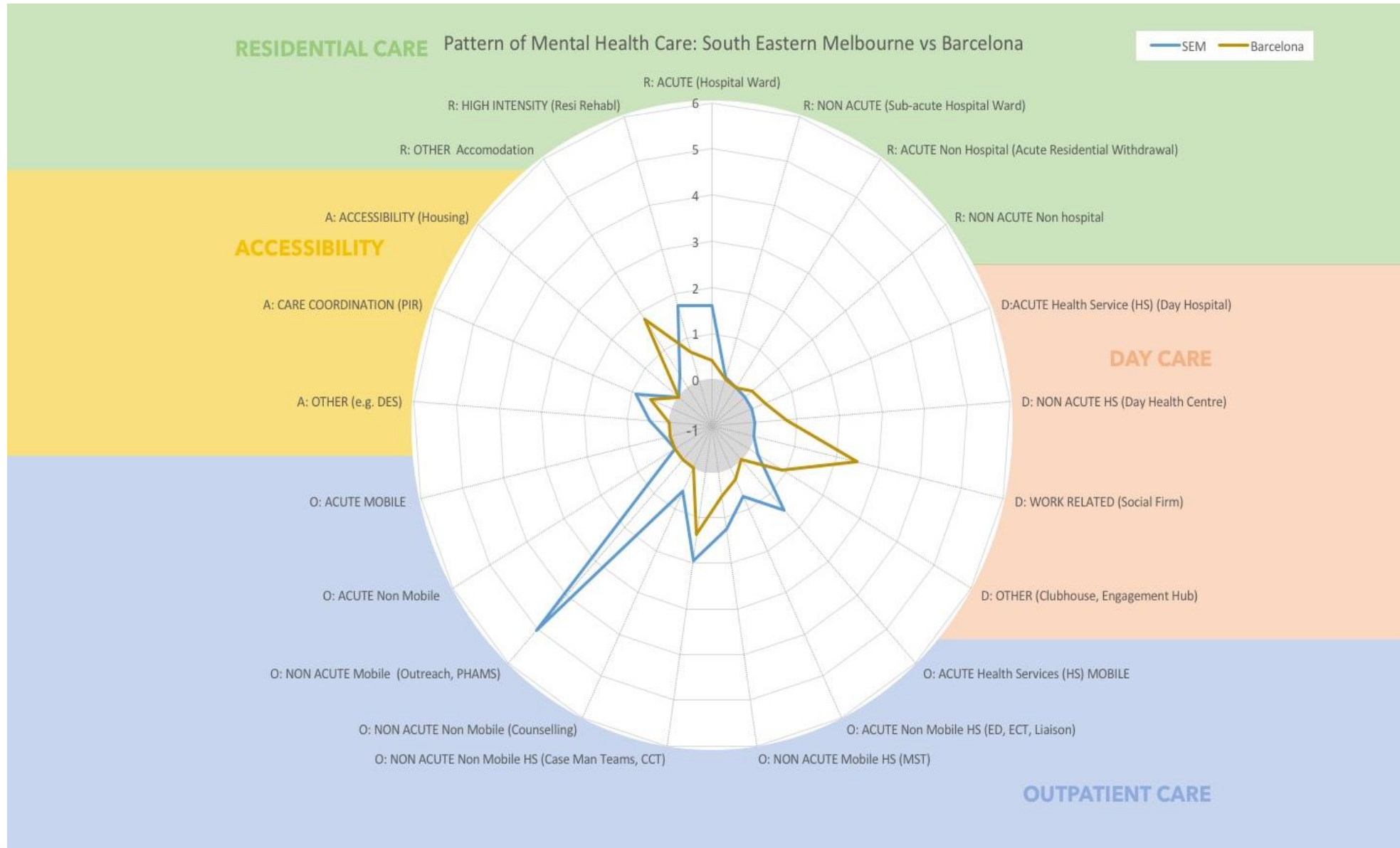


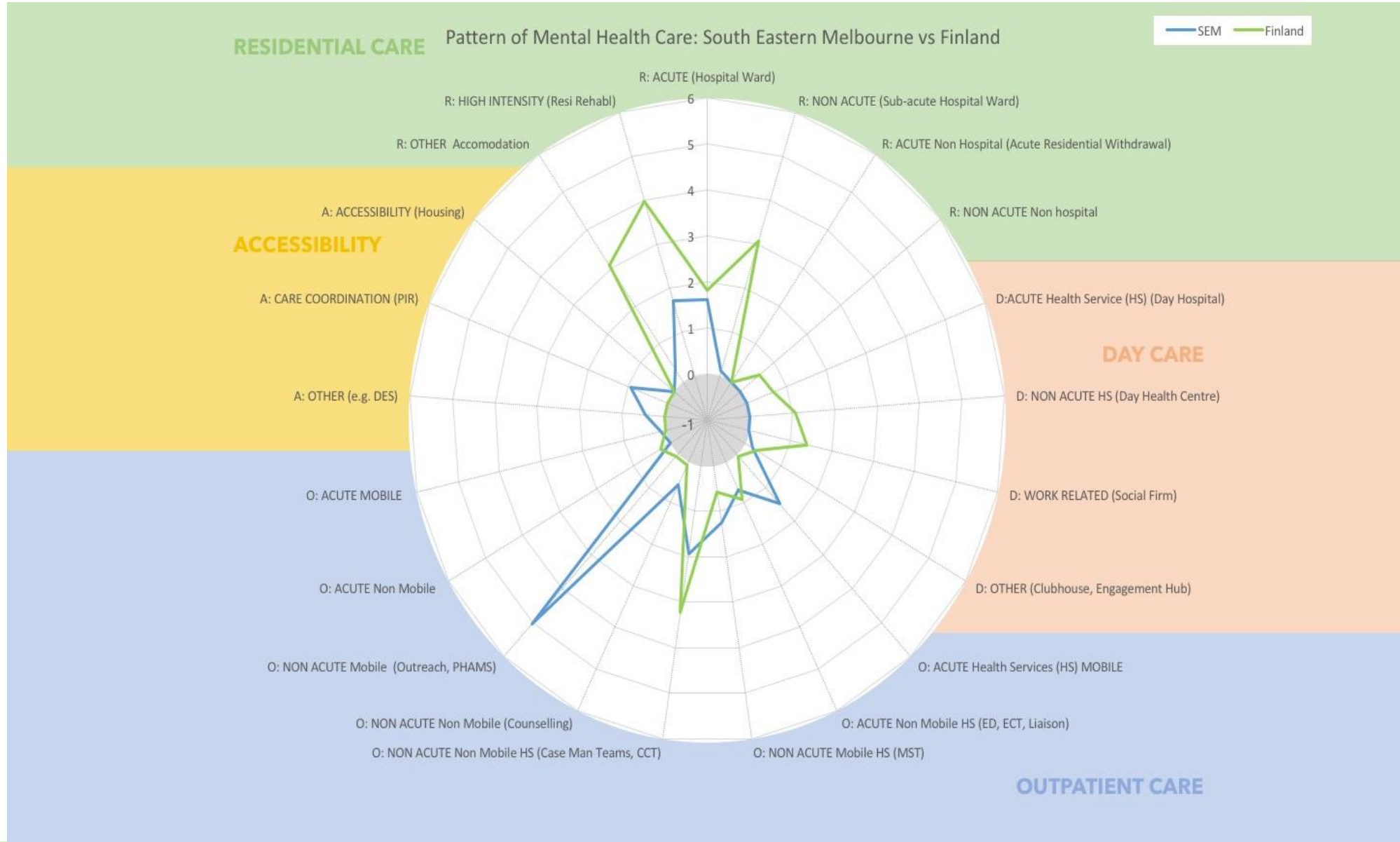






PATTERNS OF MENTAL HEALTH CARE IN SEMPHN AND BARCELONA





Mental Health:

- **High reliance on**
 - High intensity residential care
 - Acute inpatient care
 - Crisis health related outpatient care (mobile)
 - Non acute outpatient care (mostly mobile, low intensity in nature)
 - Significant investment in accessibility – assessing and then trying to find services
- **Very low provision of**
 - Day care services of any type
 - Other options for Inpatient care out of Hospitals
 - Significant mal-distribution of resources

Homelessness services:

- Almost entirely mobile non acute + some case management & assessment
- A paucity of accommodation – crisis (116/23) & rooming houses (182/6)
- No day programs

Alcohol & other Drugs

- Less services for AOD per 100,000 than Mental Health
- Very few residential options
- Single digit AOD services for young people
- Small AOD teams

Other Observations:

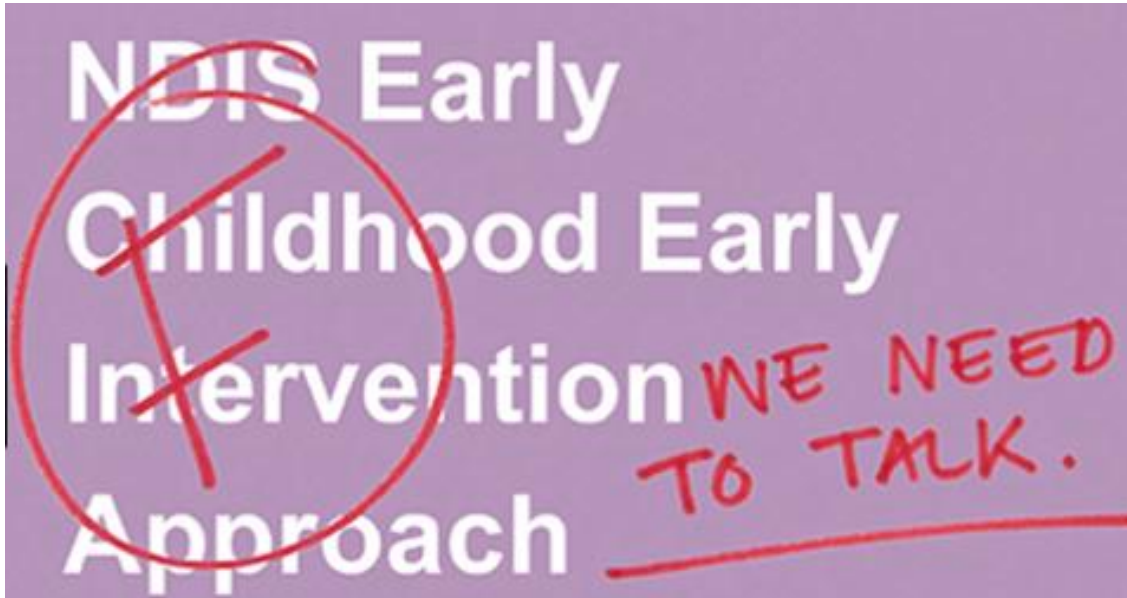
- Inaccessible service utilisation data
- Outcome Blind - Very poor outcomes data
- Poorly defined pathways to/from acute care
- Almost no regional or sub-region planning
- Short term funding of many community programs. Consequence poor integration & variable quality
- Significant inequities in relation to MBS subsidised services



ndis National Disability
Insurance Scheme

“The National Disability Insurance Scheme (NDIS) will support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers. The NDIS will mean peace of mind for every Australian - for anyone who has, or might acquire, a disability.”

Reality of NDIS ... more than teething problems



“National disability insurance scheme 'faceless' and rigid, inquiry told”

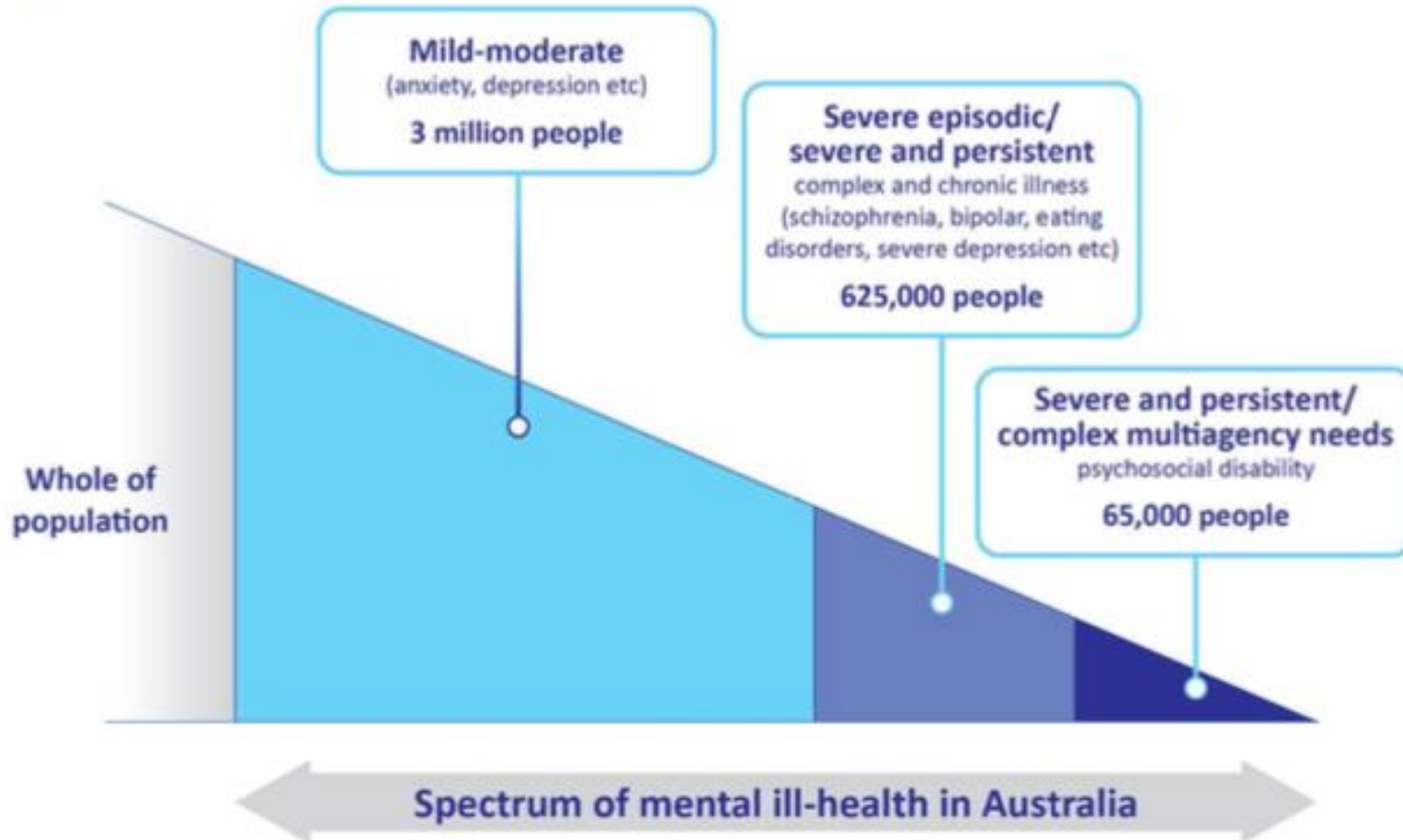
“Damning report finds NDIS complaints ignored for months”



'It's soul destroying': NDIS teething problems make many feel they're not worth the help

NDIS & Severe Mental Illness – sorry *how many places?*

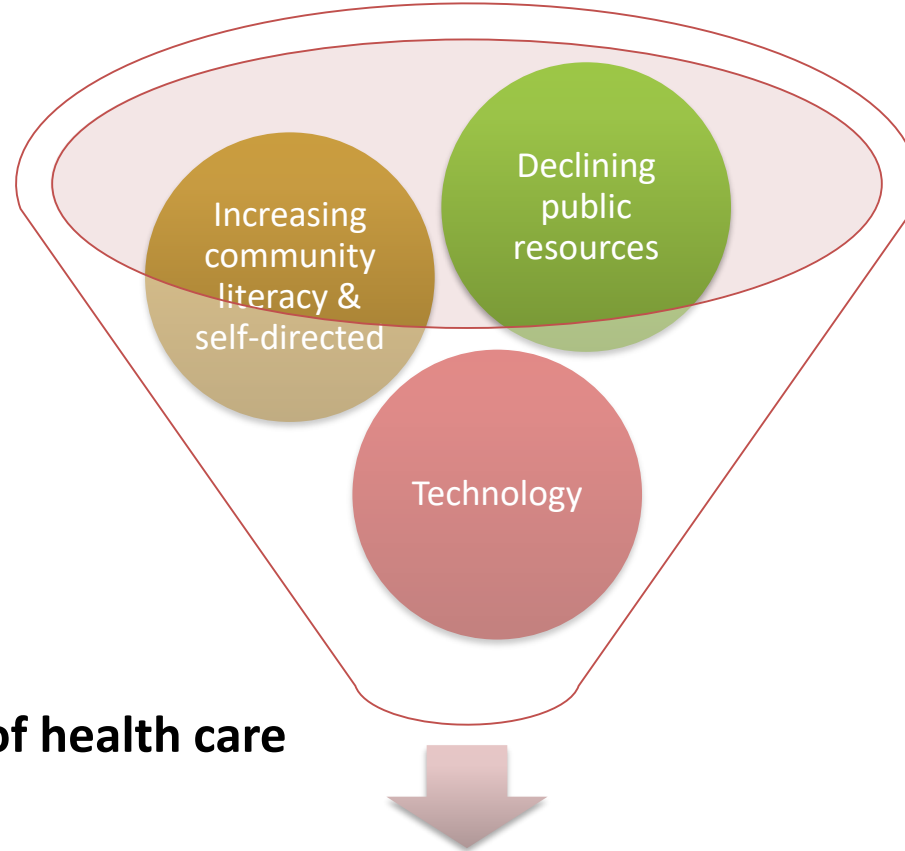
Figure 1 Annual distribution of mental ill-health in Australia



<https://www.youtube.com/watch?v=bT8CRi9k4bo>



eMentalHealth – *the UBER effect*



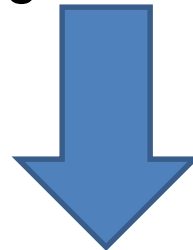
Revolution 1 – Digital

Revolution 2 – democratisation of health care

The UBER Effect

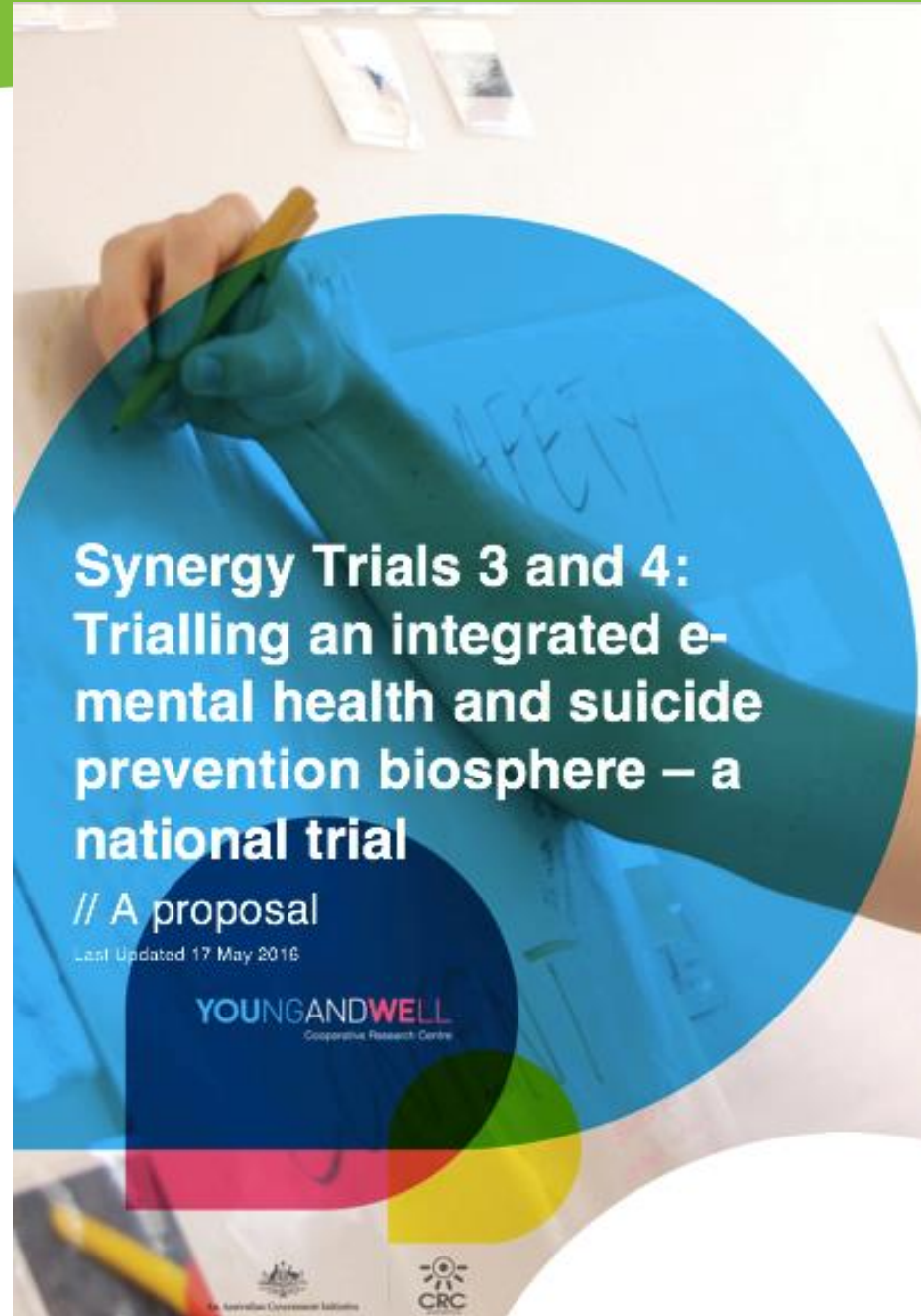
The role of technology in an integrated MH system

- Enable universal access to services, regardless of location, vulnerability or socio-economic status.
- Reduce stigma & create a stepped approach to help-seeking.
- Reduce burden on the face-to-face system by using technologies to promote self-management & prevention where possible.
- Create increased effectiveness of face-to-face services by augmenting traditional mental health support with technologies that promote shared management.



The Goals of Project Synergy

‘Project Synergy’ changes everything!



**Synergy Trials 3 and 4:
Trialling an integrated e-
mental health and suicide
prevention biosphere – a
national trial**

// A proposal

Last Updated 17 May 2016

YOUNGANDWELL
Cooperative Research Centre

Outcomes & Benefits of Synergy Ecosystem

Benefits for people

- Personalised & wellbeing focused resources that put them in the driver's seat to set goals, monitor & improve their wellbeing using technologies that are already part of their everyday life
- Improved navigation of MH services & pathways to care (if needed)
- Improved health & wellbeing
- Improved social connectedness & resilience.

Outcomes for the Mental Health sectors

- Integrated e-MH solution that unites youth MH services into a provider community
- Service providers organised around integrated practice units that are care-centric
- Professionals who work with people trained to use technologies
- Integrated data sharing
- Right service with tailored support at the right time



newNRG

Think Free, Live Free

newNRG

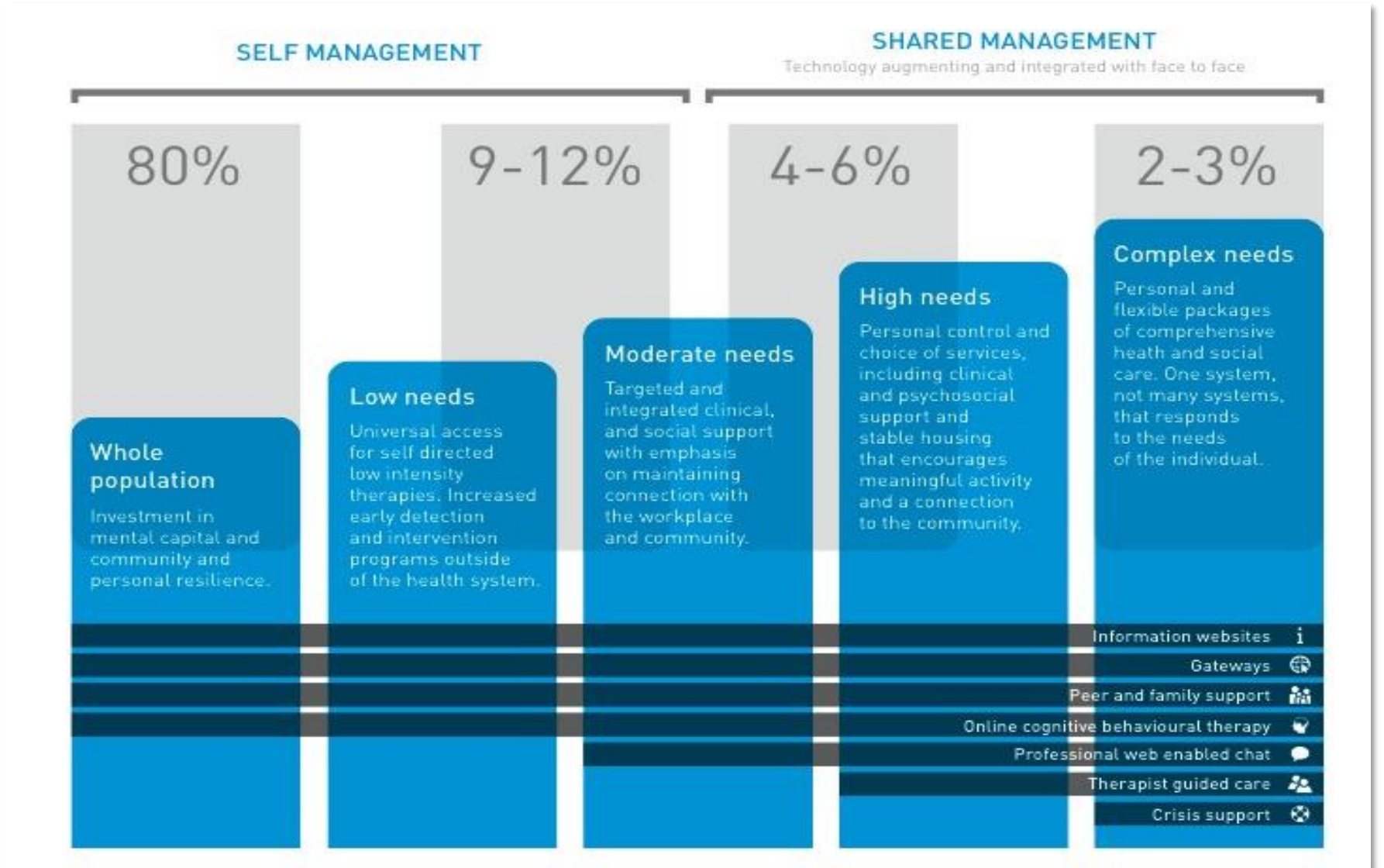
is a **digital behavioral health provider and triaging platform focused on chronic disease prevention** that has revolutionized mental/emotional and physical self-care and personalized triage within a single integrated mobile platform.



For a modest monthly subscription we identify, treat and manage patients at risk of mental health and chronic disease problems in the workplace and at home. We partner with high risk employers, managed care providers, device/tracking companies, EAP's, sporting clubs and fitness centers and insurers who benefit from improved treatment compliance and outcomes, reduced care costs and re-admissions, differentiation and revenue growth.

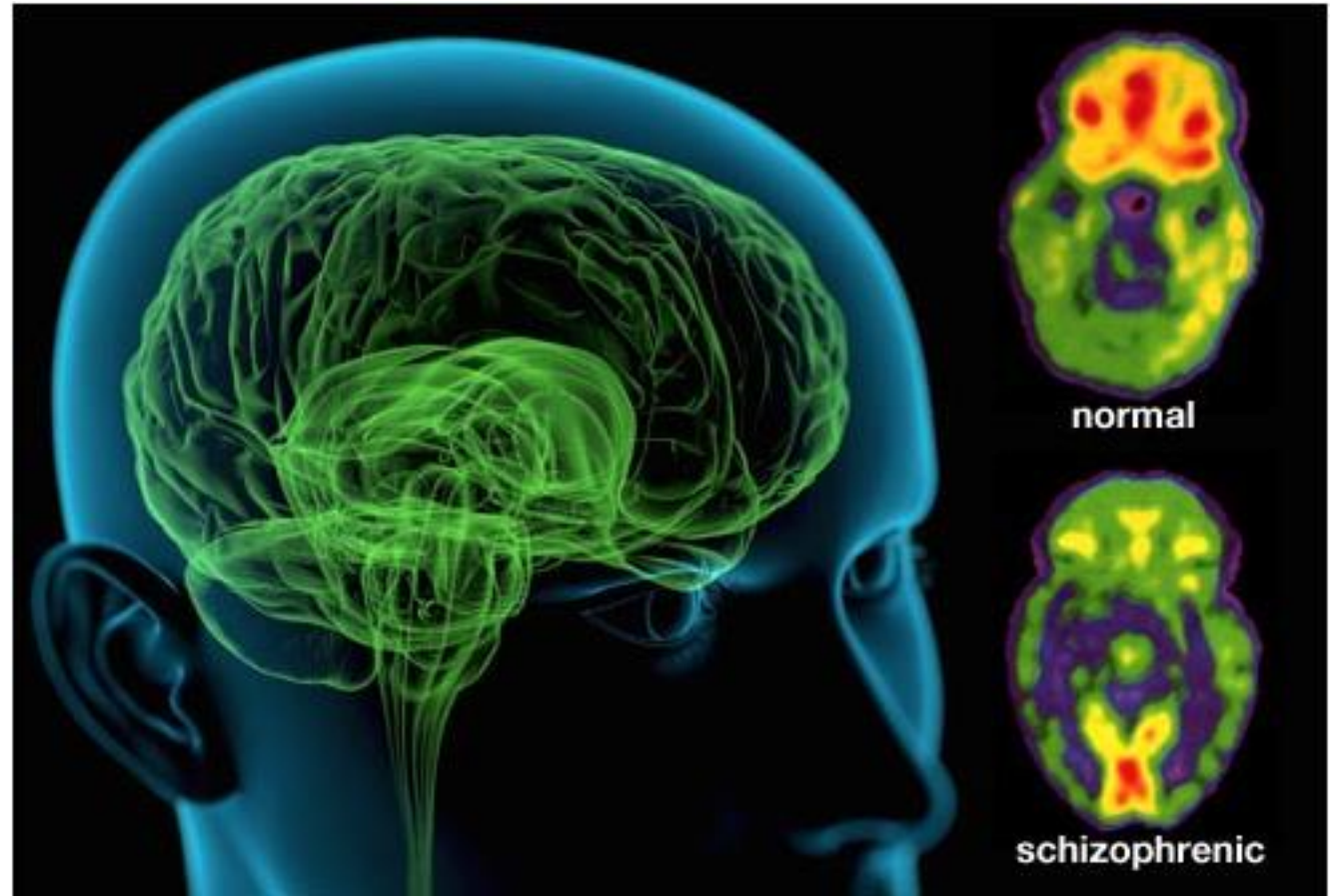
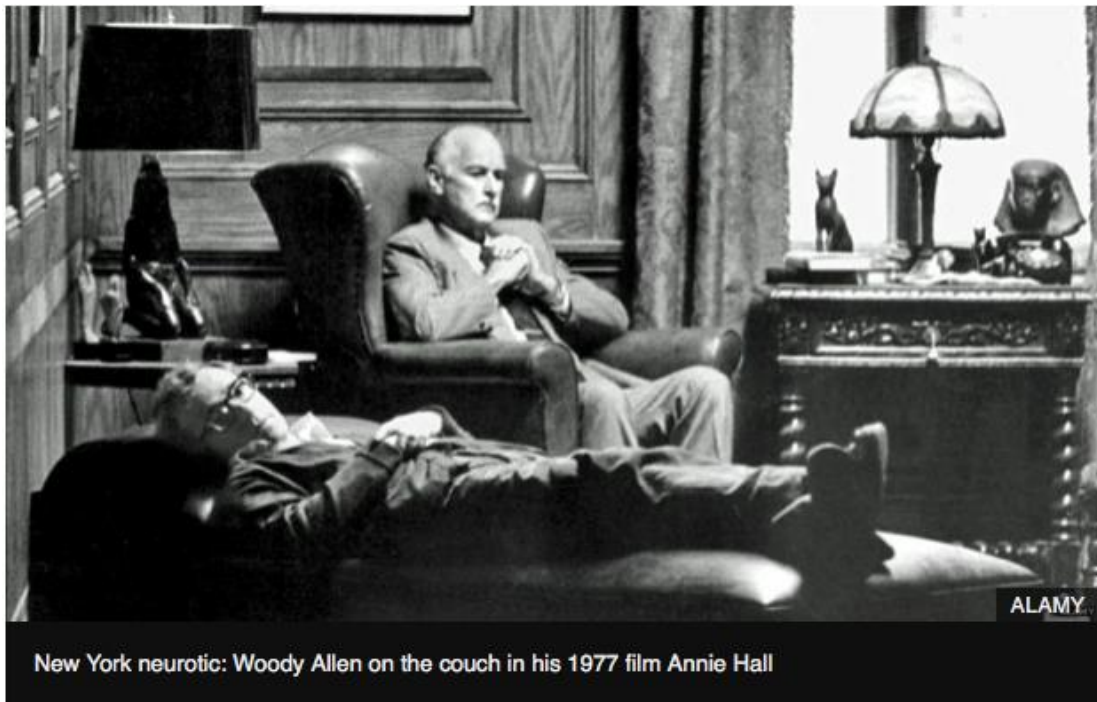


Policy imperative - right care at the right time in the right way



Revolution 3: Neuroscience

No more of this rubbish :



Science based early intervention: Neurobiological Correlates of Staging

Lagopoulos et al. *BMC Psychiatry* 2012, 12:4
<http://www.biomedcentral.com/1471-244X/12/4>



Citation: *Transl Psychiatry* (2012) 2, e123, doi:10.1038/tp.2012.47
© 2012 Macmillan Publishers Limited All rights reserved 2158-3188/12
www.nature.com/tp

RESEARCH ARTICLE

Open Access

Frontal lobe changes occur early in the course of affective disorders in young people

Circadian profiles in young people during the early stages of affective disorder

SL Naismith¹, DF Hermens¹, TKC Ip¹, S Bolitho¹, E Scott¹, NL Rogers^{2,3} and IB Hickie¹

Citation: *Transl Psychiatr*
© 2013 Macmillan Publishers Limited All rights reserved 2158-3188/13
www.nature.com/tp

Microstructural white matter changes are with the stage of psychiatric illness

J Lagopoulos¹, DF Hermens¹, SN Hatton¹, RA Battisti^{1,2}, J Tobias-Webb¹, D White¹, SL Naismith¹, MR Bennett¹ and IB Hickie¹

Hermens et al. *BMC Psychology* 2013, 1:8
<http://www.biomedcentral.com/2050-7283/1/8>

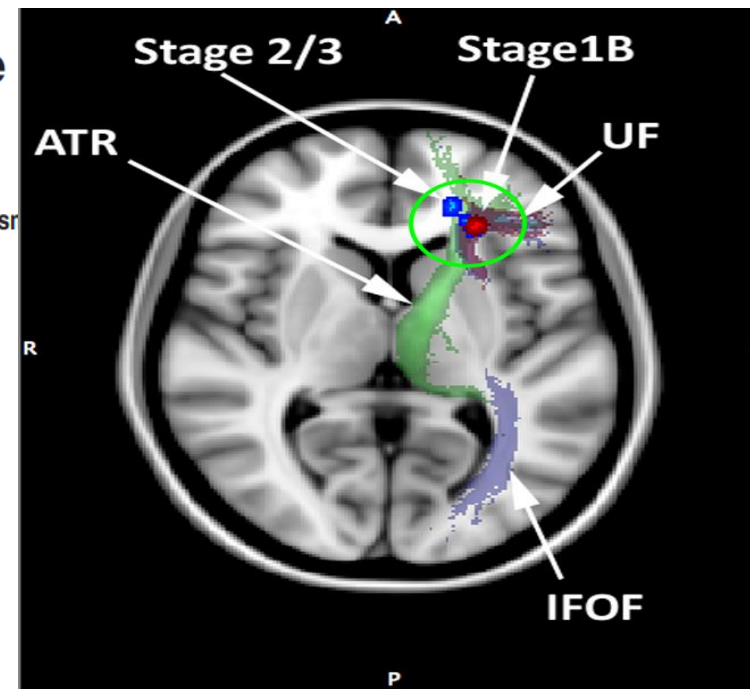


RESEARCH ARTICLE

Open Access

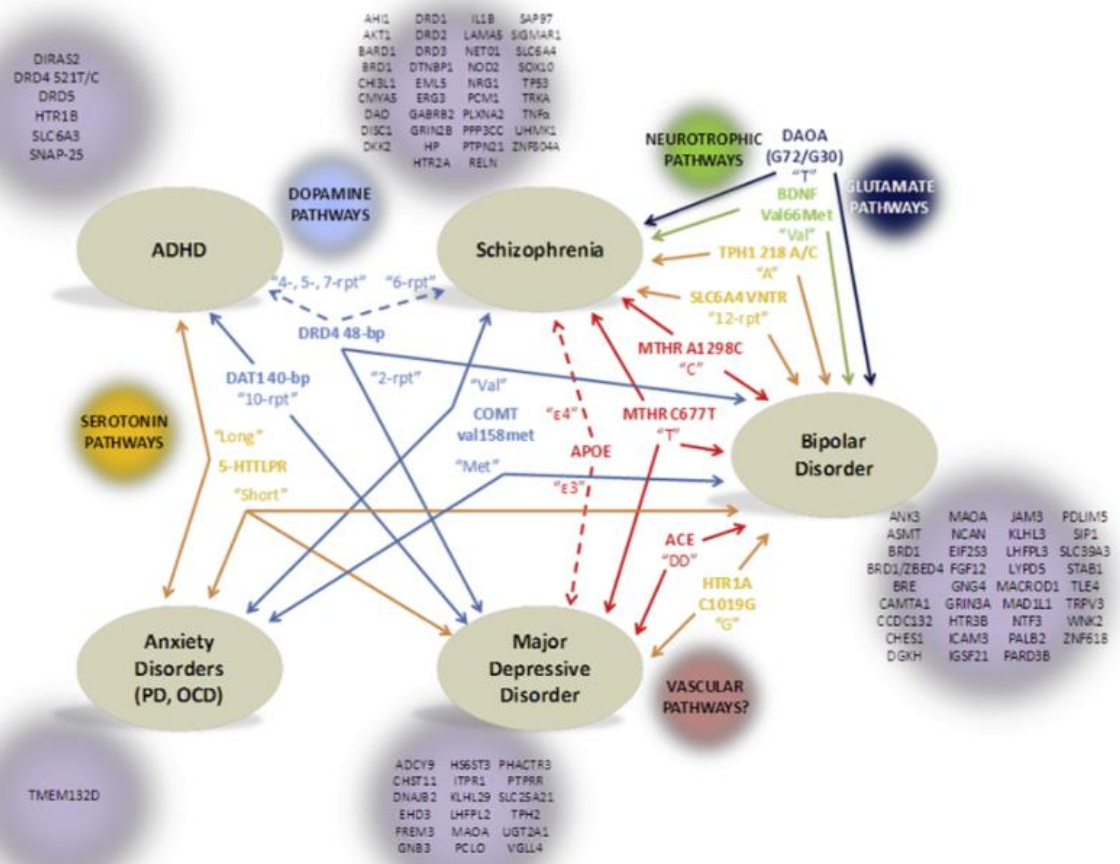
Neuropsychological profile according to the clinical stage of young persons presenting for mental health care

Daniel F Hermens*, Sharon L Naismith, Jim Lagopoulos, Rico S C Lee, Adam J Guastella, Elizabeth M Scott and Ian B Hickie

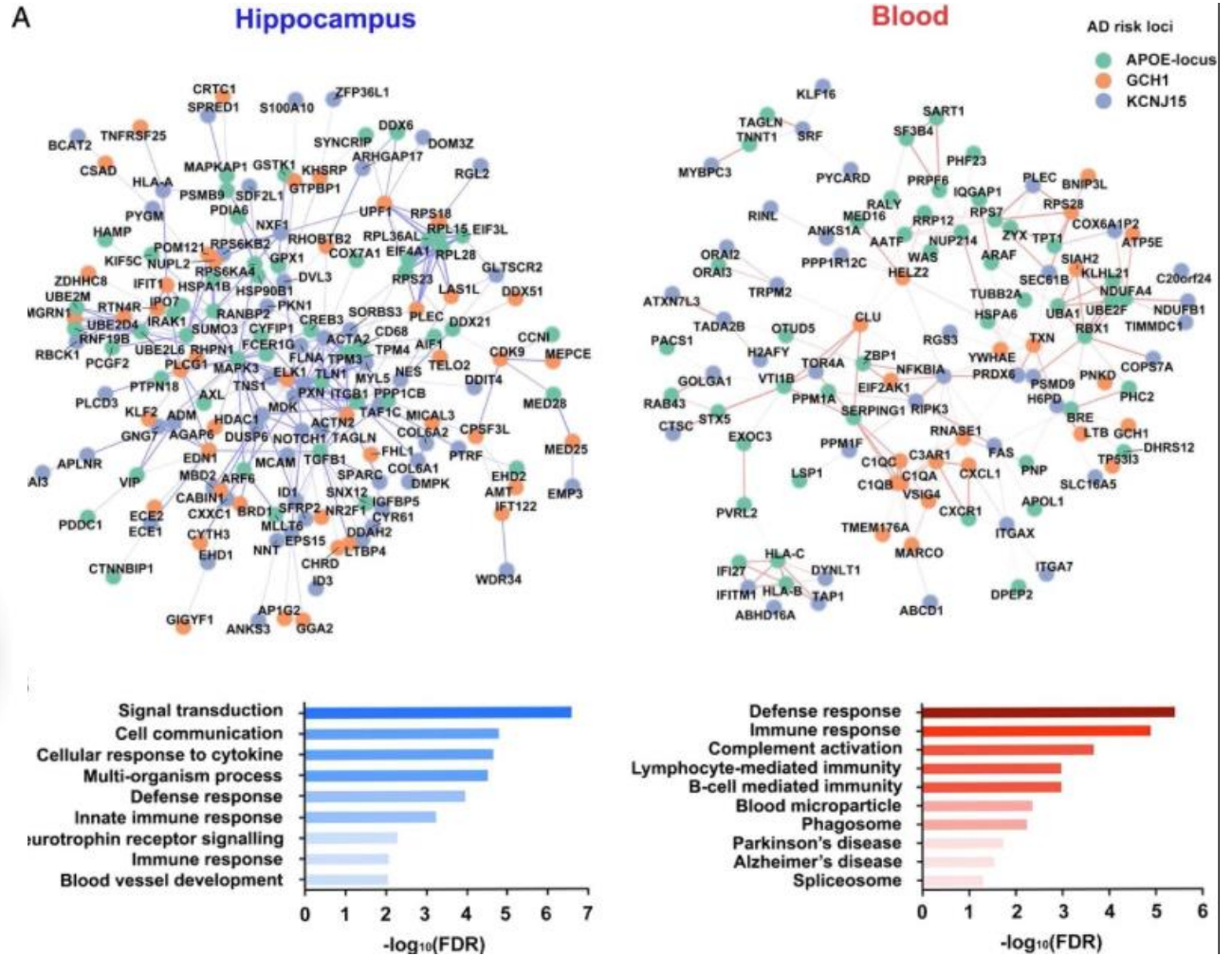




Revolution # 4: Human Genomics

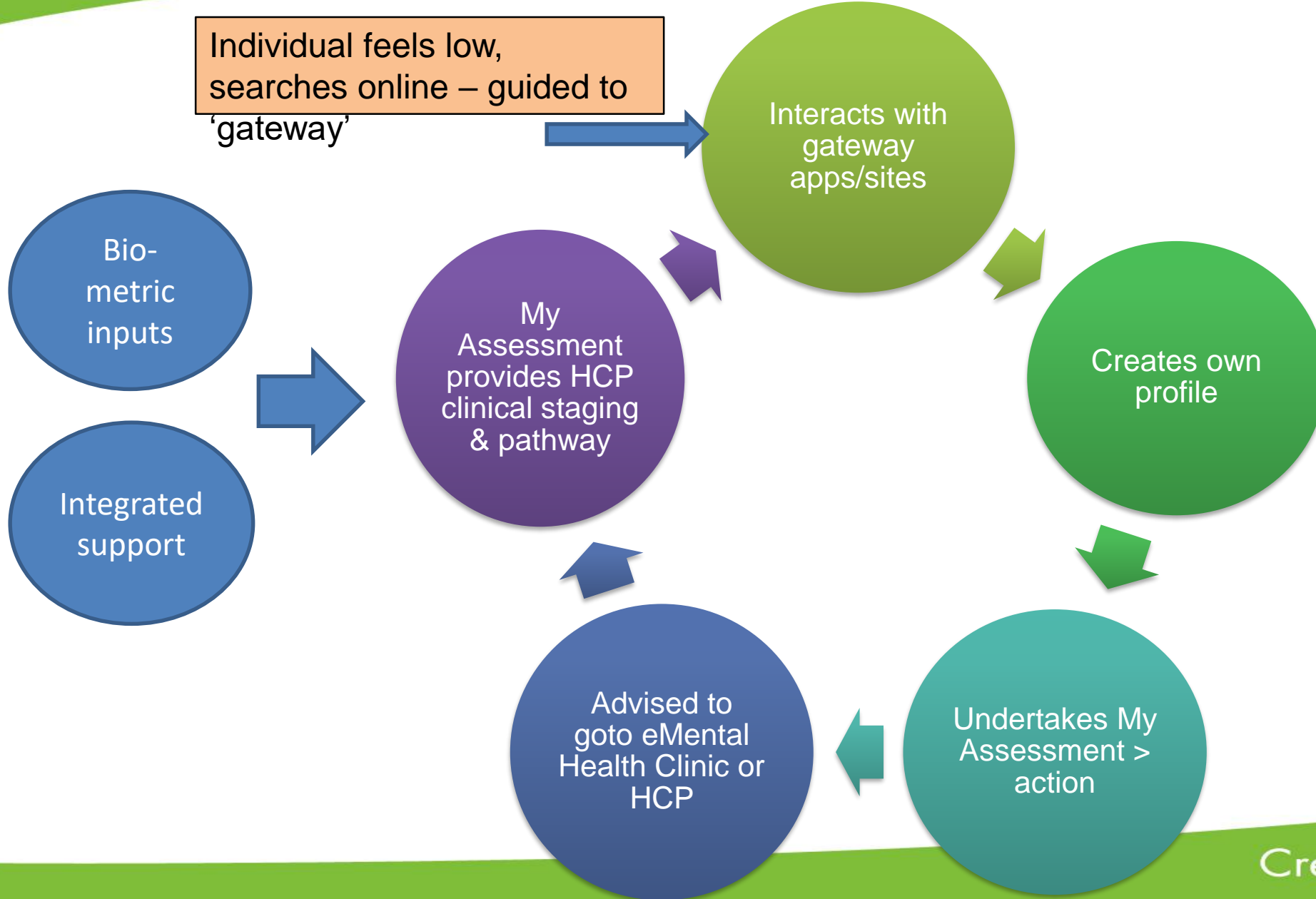


Learning the genetic associations



Learning about epigenetic changes, gut-brain-blood markers

What the future looks like?



What does the future look like?

- Individual feels low, not sleeping well – searches on line – guided to a ‘gateway’
- Starts interacting with gateway apps/sites > insight > empowerment > some improvement
- Creates own profile
- Undertakes MyAssessment > advised to take specific actions
- Condition worsens > advised to interact with eMental Health Clinic or through to professional
- MyAssessment provides professional with clinical staging & pathway
- Continued use of selected apps/sites to self-care

GETTING TO A 2-MINUTE ED WAIT CAN HAPPEN!

Cambridge Health Alliance:

- Concierge on arrival. Waiting room empty.
- 24 of 27 ED rooms all fully fitted
- All e-record linked
- Central control to all wards
- Data and systems driven hospital flow



This was Halloween between 4.30-8pm!

NORTHWELL HEALTH – HEALTH ECOSYSTEMS IN ACTION



- Central command centre – real time data
- Big data driven with epidemiology, service utilisation, financial flow analysis, local expert input
- Network analysis, modelling and pre-deployment of resources
- Strategies to address drivers of '911' calls and hospital presentations
 - Integrated triage
 - Integrated Emergency Medical Services
 - Tele-everything – mental health, Pediatrics, even ED

Northwell Health employs over 80,000 staff
Serves population of over 5,000,000
Services across Manhattan, Brooklyn, Long Island,
North Shore, **New York**
140 Paramedic vehicles, 12 EDs, 44 WICs, 22 hospitals,
130 specialty centres, 600 PCPs, 26 path labs

<https://www.northwell.edu>

And just remember ...

Big Pharma is everywhere offering solutions to normal human conditions!

'If the light stays on for more than 4 hours, call your electrician.'



Thanks

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