



sane.org



# OVERVIEW OF SANE SERVICES

SANE AUSTRALIA ACKNOWLEDGES THE ABORIGINAL AND TORRES STRAIT ISLAND PEOPLES AS TRADITIONAL CUSTODIANS OF THE LAND ON WHICH IT OPERATES, AND PAYS RESPECT TO ELDERS PAST, PRESENT AND EMERGING



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## WHAT'S INSIDE



## **BACKGROUND**

## PEOPLE WITH COMPLEX MENTAL HEALTH ISSUES ARE MISSING OUT

The Productivity Commission Inquiry into Mental Health estimates that up to 154,000 Australians each year miss out on the vital, life changing benefits of receiving psychosocial support services.<sup>1</sup>

As part of the <u>National Mental Health and Suicide Prevention Plan</u>, the Commonwealth Government has provided pilot funding to SANE over two years<sup>2</sup> to expand our digital mental health service nationally.

#### SANE'S SERVICES ARE UNIQUE AND EFFECTIVE

SANE supports adults affected by complex mental health issues, including family and friends, through a range of free services:

A 2020 evaluation found<sup>3</sup>

77% of participants were satisfied with SANE's Help Centre overall

70% felt better after contacting SANE for counselling

74% said they would contact SANE again if they needed support

SANE
Overview of SANE services <sup>1</sup>Productivity Commission, 2020, p.827 <sup>2</sup>To June 2023 <sup>3</sup>2020 Evaluation, p.5.

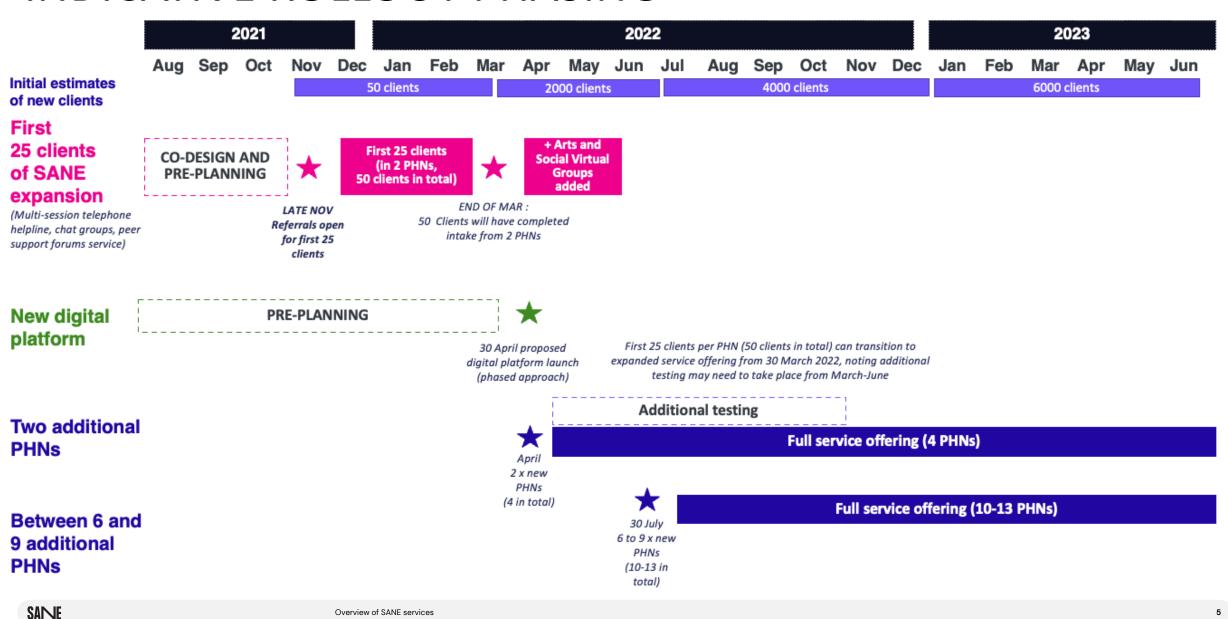
### **OVERVIEW**

#### SANE is offering:

- A free telephone and digital mental health service including multisession 1:1 counselling, peer support, creative/social groupwork
- Support for people in up to 13 PHN regions until June 2023
- Serves people with complex mental health needs including people with intellectual disability or autism, and family and carers.
- Aim to increase quality of life, social connection, improve confidence to self manage and improve mental health



## INDICATIVE ROLLOUT PHASING



## WHAT'S ON OFFER

## 0-0

#### Suitability

#### Services

#### Are free and include:

- 1:1 multi-session & single session support
- Digital and telephone options (including video calls)
- Dedicated welcome and support team (including internal and external navigation support)
- Peer Support Worker
- Counsellor
- Personalised participant portal
- Individually tailored program with care and support planning to build connections and skills
- Access to 24/7 moderated peer support forums and webchat
- Access to self-help tools, resources and information
- Extended hours for counselling, peer support and groups:
   10:00am 10:00pm Monday to Friday
- Group programs including:
  - peer support groups and events
  - recovery and transition planning groups
  - social and art-based groups
- Assistance to empower transition into self-directed support
- Ongoing recovery planning and follow up post program
- Supported use of self-rated recovery measures













- 18+ years
- Residing in participating PHN
- Impacted by complex mental health issues (personally or family / carer)
- With Autism and/or ID to support their mental health

#### Approach

- CHIME recovery framework
- Strength based
- Holistic approach
- Trauma Informed Care
- Open dialogue
- Mindfulness
- Cognitive behaviour therapy
- Motivational interviewing
- Fostering hope
- Acceptance and commitment therapy
- Staff qualifications:
  - 3DN training
  - · Cultural competency training
  - Applied Suicide Intervention Skills Training (ASIST)
  - Counsellors minimum Bachelor in Counselling, Psychotherapy, Social Work or Psychology
  - Peer Support Workers minimum Cert IV competencies, Safe Story Telling and International Peer Support (IPS)

## WHO WILL BENEFIT



#### Consumers, families and carers

- People with complex mental health needs including autistic people and people with an intellectual disability with general mental health needs.
- Family/carers of people with complex mental health needs including with a co-occurring cognitive disability or autism.

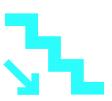


People who may experience:

- Schizophrenia spectrum disorders
- Bipolar and related disorders
- Obsessive-compulsive and related disorders
- Personality disorders
- Trauma-related disorders
- Eating disorders
- Severe forms of mood disorders such as depression and anxiety
- Complex trauma including intergenerational trauma, and
- Very high levels of psychological distress (but who may not interact well with the bio-medical model)







#### In a range of different circumstances

People with complex mental health needs:

- whose needs are considered 'too complex' for GP mental health plan management alone or who are stepping down from hospital to primary care.
- who are experiencing waiting lists of between 1–3 months for specialist supports.
- who have complex presentations including co-occurring AOD use.
- who need a more nuanced understanding of their needs and circumstances than their existing service/s can provide, particularly in rural and remote areas.
- who would benefit from adjunct digital services to complement face-to-face.
- who receive NDIS support
- Who are members of population cohorts including Aboriginal and Torres Strait Islander peoples, members of the CALD and LGBTIQA+ communities and veterans.



## CO-DESIGNED STORIES & USER THEMES

#### I am looking for a service that is....

- Flexible
- Trauma informed
- Based on lived-experience
- Inclusive of my partner
- Coordinated in communication with flows between parts of the service and outwardly
- Consistent
- Reliable people follow through on what they say

#### It works for me if you...

- Find out what my mental health needs are
- Tailor the supports, services and recommendations to me
- Enquire about what I want
- Don't assume
- Let me choose at every step
- Focus on my strengths

## Common themes that MVS participants want to address within their session:

- Pandemic / COVID (losing work, being isolated, immune compromised, general anxiety related to the environmental situation)
- Substance abuse (learning how to live life and manage their mental health to reduce dependency on alcohol and other drugs)
- Mental health / complex mental health
- Complex trauma / childhood trauma / PTSD
- Domestic violence (perpetrator and victim)
- Carer responsibilities

## Some of what led me to find this SANE service was...

...being referred to the service by my GP – they'd learned that I could receive some recovery focused support while waiting to see the psychiatrist

...knowing I could connect with other people who might be feeling the same as me through peer based groups

...support to include my partner so that they can learn about what anxiety is like

## SALLY'S JOURNEY WITH SANE

## Referral & on-boarding



Referred. Sign up.

#### What happens

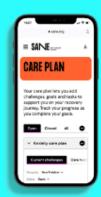
- GP fills out referral about Sally's goals and preferences for support
- Sally gets email from SANE
- Contact details provided
- Invitation to sign up to portal
- · Book in welcome call
- Confirmation email that Sally has been engaged in the SANE program
- Survey
- Videos about SANE

#### Welcome



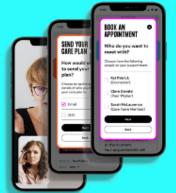
Meet. Chat.

## Support planning



Discuss. Plan.

## Access to supports



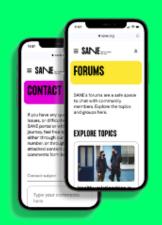
Access. Engage.

## Personalised care



Treatment. Support.

#### Transition



Plan. Informed.

#### What happens

- · Welcome call with peer worker
- Next steps explained
- Discuss support, SANE's feedback processes and evaluation being conducted
- Send referral acceptance to GP, treating clinician
- Add support person or family member (optional)

#### What happens

- · Meet support team
- · Discuss survey and goals
- Introduced to services and resources available through the portal
- Works with team member to develop a Support Plan focusing on mental health and other needs
- Peer Community Guides informed and reach out to Sally

#### What happens

- Mix of supports accessed via the portal
- Webinars, forums, 1:1 Peer support, videos, activities, events, webchat etc.
- Peer support session to help Sally navigate and book sessions
- · Access to digital community

#### What happens

- Sally can engage in any services or resources of her choosing
- Sally can set up and change bookings at any time in the portal
- Access to online resources at anytime
- Regular Peer Support appointments to check-in and follow-up throughout 3-month period

#### What happens

- Begin transition planning at 2.5 months
- Reflect on recovery, progress and goals
- Provided information for other services and groups available in her local area
- Continual access to forums, events and groups
- Sally can always refer herself back into the program if needed



## SUPPORT PLAN

In the initial support planning session, the participant meets with the Support Team online and brings their identified support people (if applicable).

They will discuss initial assessments as well as completing goal setting and other planning activities.

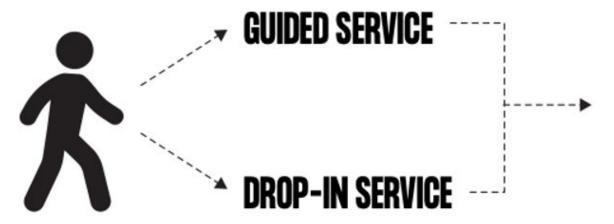
Carer/family member participants will be given carer specific goal setting and suggestions for carer specific groups, events etc.

The plan is developed collaboratively, however, the participant is always in control and is the recognised decision maker.



## DISRUPTING TRADITIONAL HELPLINE MODELS





People will be encouraged to use the service on an ongoing basis. Where possible, participants will be supported to taper service intensity towards self management of recovery through our self-directed services which are already available to anyone over 18 years old, anywhere in Australia.



## REFERRAL PATHWAYS

- Referral into the Guided Service may be initiated by (but not limited to):
  - Self-referrals
  - Family/carer referrals
  - GPs
  - Allied health or medical professionals
  - PHN Intake
  - Hospital Area Mental Health Services
  - Local community health services
  - Housing and homelessness services
  - AOD and addiction support providers
  - NDIS and other disability providers
- Referral into the Guided Service is through the SANE Australia e-referral system, which can be accessed through this link https://www.sane.org/referral
- To promote accessibility, initial enquiries made via telephone, webchat or email can also be progressed by our Welcome Team to referral



### OUR WORK TOGETHER

We estimate that we'll support over 10,000 clients from 10-13 OHN regions over the life of the pilot.

### We'll work with PHNs and local stakeholders to:

- understand people's health needs in each region
- connect us with other local providers to develop information sharing protocols and processes
- provide initial briefings and upskilling to ensure PHNs and local providers understand the SANE service and how to make referrals
- provide communication resources for PHNs to share with audiences
- develop Health Pathways links



How you can get involved

#### Warm referrals (in)

Provide warm referrals into the service Guide consumers to self refer into the service

Guide health practitioners to refer into the service

#### Promotion

Promote through your own communities and networks on social media, network updates and newsletters, promoting at events and distributing collateral

#### **Syndicate**

Through website advertisement and promotion

#### **Expert advice**

Provide expert advise on key elements of service design and delivery especially from a local perspective SANE Australia c/o 700 Swanston St Carlton VIC 3053

For questions regarding existing or future referrals, please email:

referral@sane.org

For further information or to schedule a staff training session, please email:

partners@sane.org



## STAY IN TOUCH