

4As FRAMEWORK: ACCESS

Access is about timely access to the whole range of services that support wellbeing, and early intervention in times of increased service need. Health and human services need to be able to respond quickly and effectively to early warning signs of illness, as well as focus on reducing risk and enhancing protective factors for mental health.

Access to mental health care is a major challenge in many parts of Australia. This is because the provision of both clinical and psycho-social services is not commensurate with the level of need for these services—mental health services are under-resourced. This means that services are struggling to meet their current level of service need, which is a formidable barrier to a more proactive approach. Understaffing, staff burnout and lack of staff development opportunities are widespread, and it is difficult to recruit and retain staff at all levels of the system. Increased resourcing of all sectors of the mental health care system, in line with population needs, is fundamental to implementing this Framework.

Effective access requires services that are truly responsive and adaptable to the changing needs of people who have been seriously affected by mental illness and their families and carers. Of primary importance, services must truly listen to and respond to consumers and, where appropriate, families and carers, when they request a service response. At present, consumers and their families and carers often cannot get a service response until they are in crisis, and this type of service approach does not support recovery. Services must be able to respond to earlier requests for help.

Access is a particular challenge for the specialist and acute mental health services, which are traditionally geared toward a crisis response rather than early intervention. In contrast, much community-based care, including psychiatric rehabilitation and primary care, is geared toward ongoing support, and can have difficulty achieving an appropriate response in times of increased need or crisis.

Acute and specialist mental health care services must respond to the needs of primary care, including GPs, to give specialist advice and step-up care when requested. They must also give specialist support to community and disability services. In turn, primary care, community and disability services must follow through with continuing care in the community and provide step-down care alternatives for acute and specialist service providers. For people with complex conditions, a care coordinator will be required to negotiate and coordinate the many, varied and changing service responses.

Access is facilitated through agreed pathways of care that are explicitly negotiated through multi-service collaborative agreements that prioritise the needs of the consumer and their family and carers. All parties must communicate, share information, and be prepared to act on the advice and requests of others.

Many services have highly restrictive practices regarding access, which are due to historical practices, designated areas of ‘expertise’, lack of training and staff development, funding processes and management policies. These practices mean that many people ‘fall through the cracks’, particularly people with complex needs, developmentally or culturally specific needs, co-morbidities or challenging behaviours. These barriers must be broken down through more flexible funding

arrangements, supportive policies, staff training and resourcing, and management practices that facilitate service access and support collaborative service provision.

Some population groups are especially disadvantaged regarding access to services, as a result of lack of services in general, or lack of appropriate services, highly restrictive access policies, or other barriers to service use including heightened stigma. Very often the unique needs of particular population groups must be met through mainstream services, and this means that *all* service providers need to be developmentally and culturally aware, and able to work with a diverse range of consumers and their families and carers.

There are many communities and services demonstrating a remarkable capacity to develop innovative solutions to local access challenges. Examples of these responses include: the development of multi-service collaborations to increase service access overall; greater use of consumer and carer expertise; engagement of other community resources; staff training and development to enable staff to provide services that meet a wider range of care needs (for example, being able to manage co-morbid drug and alcohol use); and the use of new communication technologies.

Outcomes

To implement the Access component of the 4As Framework, the following outcomes need to be achieved:

- Services are responsive to the changing health needs of people who have been seriously affected by mental illness and their families and carers.
- Services are able to intervene early in response to early warning signs of illness, as identified by consumers, families and carers, and other service providers.
- Mental health services are accessible to all Australians, regardless of age, cultural background, personal circumstances and complexity of health condition.