CHIEF PSYCHIATRIST
of Western Australia

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Chief Psychiatrist's Community of Practice
CoNeCT – Mental Health Expansion– Impacting Mental Health Presentations Outside the Box

Thanks to presenters today from the **Complex Needs Coordination Team– Mental Health Expansion** (CoNeCT-MHE) Dr Alam Altham, Consultant Psychiatrist, and Wez Serrano, Team Leader, Crystal Clarke, Aboriginal Allied Health Graduate, Lynda Swarbrick, Welfare Officer, Chris Waters, Peer Worker. South Metropolitan Health Service (SMHS).

In this session the CoNeCT-MHE team tell us about their targeted, and quite different approach, to supporting mental health consumers with complex needs and frequent presentations to hospital.

Dr. Emma Crampin A/ Chief Psychiatrist: *It is Harmony Week in Australia, which coincides with the UN International Day for the Elimination of Racial Discrimination, tomorrow. I am proud to be part of the great multicultural community that is healthcare, as well as the diverse wider community of WA.*

This is a topic that is close to my heart. My first consultant job was, in what was then called, assertive outreach. We worked with people who didn't engage with the conventional mental health services and who tended to present repeatedly to emergency departments and services.

I believe that for this group, we still seem to be doing the same thing over, and over again with the expectation of a different outcome. I'm interested to hear from CoNeCT-MHE, who are trying to break that pattern, build trust and meet people where they're at rather than fit them into a system that already exists, which doesn't work for them.

Key Messages

1. **CoNeCT-MHE is a mobile, assertive outreach service.** We provide immediate, face-to-face support at the point of need, regardless of location across the metropolitan area. By removing the barriers of traditional clinic-based care, we meet people where they are, exactly when they are in crisis, ensuring no one is 'too hard to reach' for effective intervention.
2. **CoNeCT-MHE is a high-tolerance, assertive service.** We do not exclude based on complexity; rather, we are built for it. We work effectively with individuals facing significant co-occurring challenges—including chronic homelessness, active substance use, domestic and family violence, and forensic or justice system involvement. Rather than viewing these factors as barriers to engagement, we see them as the primary indicators for our intervention.
3. **A targeted cohort gets a timely service– we identify and work with the top 300 frequent presenters to emergency departments, metro-wide**. There is no triage, no referrals, no waitlist – this helps create efficiencies in resource utilisation and breaks down barriers to accessing services.
4. **CoNeCT-MHE is a responsive, 'extra care' ED diversion program that mobilises resources to help meet the gaps that drive consumers to use ED.** We provide intensive, short-term coordination—not long-term treatment—to bridge the gap between acute distress and community stability. We focus first and foremost on linking individuals to Primary Care and essential social supports (including homelessness and AOD services), or to local CMHS when specialist clinical oversight is required
5. **Investing heavily in data collection and dashboard design from the outset was critical.** However, data is only an asset when it is actively utilised; data collected but not used is a wasted resource. By consistently applying our data to demonstrate clear outcomes and clinical value, we have validated the CoNeCT-MHE model of care and successfully secured our long-term funding.
6. **Collaboration 'outside the mental health box' is how we meet immediate housing, social, alcohol and drug (AOD) and medical needs.** We work closely with the Homeless Alliance, Homeless Health Care, Department of Communities and St John Ambulance.
7. **Peer worker team members provide much of the AOD support** as they have those skills. We also work closely with alcohol and other drug teams. Future integration of mental health and AOD support.

By proactively addressing the drivers of Emergency Department (ED) presentations—whether through housing stability, GP engagement, medication access, or the optimisation of NDIS and Aged Care supports—we significantly reduce both the frequency and duration of hospitalisations. When inpatient care is necessary, our intervention leads to shorter stays in mental health units and a marked reduction in ICU admissions, demonstrating that a stabilised community foundation directly reduces needs for ED presentations. ***Dr Alan Altham***

How does CoNeCT demonstrate clinical outcomes and cost savings?

Data: We are uniquely very data driven. From the start our team leader, Wez Serrano, worked with Clinical Excellence team at SMHS to build a live data dashboard. It was a lot of work, and now, it allows us to not only identify some of the high-intensity users of mental health and emergency services and their path through the system, but also to demonstrate the effect our team has on that journey.

1. **CoNeCT Live Dashboard Results:**

We almost halved the costs when comparing before receiving CoNeCT, to 6 months after finishing with the service.

Costs Before CoNeCT: 4,832,560 ($WAU) **After CoNeCT service** 2,728,561 ↓ 43.5% reduction in activity costs

WAU$ = weighted average units in Activity Based Funding / Costs since inception of service 2022.

- 85.8% reduction in emergency presentations while a person is active client of CoNeCT-MHE
- 76.4% reduction in mental health ICU bed use when with CoNeCT-MHE, maintained at 57% at 6 months after the service.
- 30% increase in links to other services - better engagement and links to GP, Aged Care, Homeless, NDIS.

How to contact CoNeCT-MHE in your area?

CoNeCT-MHE is a proactive outreach service; we identify and reach out to patients who meet our specific criteria rather than waiting for traditional referrals via the 'Top 300 ED Presenters' data. Because we actively monitor the data to find those most in need, you do not need to refer patients to us—if your patient meets the criteria for our model of care, we will reach out to you. So, if they are active a Community Mental Health Service (CMHS) we'll ask the team about specific roles or goals where we can add value.

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Gamechangers: Peer Workers and Welfare Officers

We utilise peer support and welfare officers to address the many psychosocial issues with our cohort. Having a welfare officer to provide practical support and the peer worker engage them is a game changer for the whole team. It's a very vulnerable cohort, with high levels of risk, so we have a very experienced team both non-clinical and clinical.

John's Story

'At the start we did a lot of walking around the area, trying to find John at his spots. We got him his ID and birth certificate several times, kept it safe for him and sorted out Centrelink.

Before we got him back on wait lists for his hernia repair, we treated and cured his Hep C, managed his leg ulcers. We got him mobility aids, continence aids. He reduced his use of alcohol.

We used our housing networks. He was in stable accommodation for the first time in his life. He slept for 48 hours going in there because he's never felt safe.' ***Lynda Swarbrick, Welfare Officer***