



STREAMLINERS

User Documentation Services

- HealthPathways
- SchoolDocs
- GPDocs
- CorpDocs

21 January 2020

Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 260

Dear Commissioners,

On behalf of Streamliners NZ (SNZ) I would like to take this opportunity to provide further information about HealthPathways and to introduce 'Leading Lights', which we believe will be of interest to the commission.

SNZ are responsible for working with our partners at the Canterbury District Health Board (CDHB) and health and social providers in New Zealand, Australia and the United Kingdom for the provision of the HealthPathways platform, which is specifically mentioned in Volume 1 of your interim report on page 26. I have taken the opportunity to add further context to the role HealthPathways could play in improving the arrangement and coordination of mental health services in Australia.

With various partners in the Canterbury (NZ) region we have also recently launched 'Leading Lights', which is based on the HealthPathways platform and the principles that underpin it. We believe this could support some of your early thoughts on matters pertaining to the support required for children and their families.

We hope that our input may assist you in formulating a progressive way forward for improving mental health care in Australia.

We would be happy to provide extra information at any stage to support the work of the commission.

Kind Regards

Andy Froggatt

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Background

SNZ are currently working with 47 health and social care regions across Australia, New Zealand and the United Kingdom to deliver HealthPathways to local regions.

In Australia 31 regions, across all states and territories, have an active HealthPathways programme and localised version of HealthPathways. Only 3 regions do not currently have a version of HealthPathways, with two of those actively engaged in discussions with us now. As HealthPathways has grown across Australia, we have seen increasing interest in how it can be utilised as a key enabler in health and social care systems, both regionally, at state and now at the commonwealth government level.

This has focused particularly on removing variation in care, getting evidence into practice quickly and ensuring that appropriate local variation can then be accommodated and effectively delivered to practitioners via local HealthPathways sites. The partnership between ourselves, the Queensland Department of Health and HealthPathways regions in Queensland has led this work and an early case study looking at this (jointly commissioned by ourselves, Queensland Health and the CDHB) is attached to this submission. Encouragingly, this is now influencing further engagement by governments across Australia.

Essentially HealthPathways provides both a process and a platform for health and social care providers to decide 'how we do things around here' and then be able to have one 'single source of truth' available at the point of care, that adapts quickly to changing requirements.

'Leading Lights' has recently been launched in Canterbury (NZ) and provides guidance for Canterbury teachers, school well-being staff and others to help recognise and respond to the wellbeing needs of individual children and their families in Years 1 to 8 of school.

It contains locally agreed information on prevention, interventions and strategies, as well as when to seek further support, who can provide it, and how to make requests for support.

Relevance for the Commission

HealthPathways:

HealthPathways is already well utilised across Australia, being available in regions covering over 23 million Australians. It is increasingly depended on by practitioners, primary health care teams and health care systems. Diagram A shows the level of interaction across Australia, with 2 million-page views in the past 6 months and high levels of interactions with clinicians in the ongoing development of pathway content.

HealthPathways at a Glance



Diagram A

As the commission has recognised, improving mental health care in Australia, is not just about new programmes and resources, but about addressing the fragmented nature of care. In our experience it is common that systems have not had an agreed 'way of working' across sectors and certainly have not had a single resource that presented this information to all practitioners in a way that is useful and trusted for use at the point of care.

HealthPathways is assisting to change this across Australia, but there is significant potential to enhance its impact on all health care, including mental health. When we look at utilisation of HealthPathways across Australia, mental health pathways are consistently some of the most frequently utilised.

There are several reasons why we believe that HealthPathways can support the aims of the commission in ensuring that best evidence is put into practice consistently across Australia. The following gives an overview of this.

1/ HealthPathways is more than just a website that people read. It provides a process by which clinicians (and other stakeholders where relevant) from across primary and secondary care make local agreements on 'how we do things around here'. This covers a number of areas from,

- Relevant assessment in primary care
- Clinical management
- Service and support options available to patients and families across the community
- Referral criteria and advice for both clinical and non-clinical services (NGO's for example) across the region (public and private)

2/ Once these are agreed, they are documented in the consistent HealthPathways style, to ensure that they meet international standards of how to present information that is easily useable at the point of care.

3/ HealthPathways has developed a 'pathway sharing' framework that allows us to develop content with one 'lead HealthPathways region' that can then be populated across all other sites, either regionally or nationally. There are many examples of this, including the dissemination of Queensland Health's 'Clinical Prioritisation Criteria' across all Queensland HealthPathways sites. This is an example of HealthPathways being a key enabler in getting policy into practice (in this case 'equity of access' for Queenslanders). The attached case study gives more details of this and other initiatives in Queensland.

3/ The 'pathway sharing' framework lends itself well to developing a nationally disseminated approach to 'stepped care'. We have the capability to work with government and HealthPathways regions to develop exemplar 'stepped care' pathways that could be created once, disseminated nationally, with only justified local variation to accommodate service structure and service availability. This would assist in addressing the commissions observation of considerable variance in current practice and would require only small investment to add this to the existing Australia wide platform.

4/ HealthPathways is a process and platform that covers all areas of health and social care, with clinicians accessing it all in one place, making access to information simple. It is trusted by clinicians due to the quality of information it provides, curated across the HealthPathways community of 47 like-minded regions, whilst balancing the efficiency of shared content with local clinical engagement and knowledge.

5/ Ongoing poor mental health is also associated with poor morbidity and mortality as physical health issues are often not considered or appropriately addressed. Other submissions to commission will no doubt cover this in detail. The HealthPathways process and platform allows us to ensure that these are consistently addressed in pathways, utilising best practice in exemplar pathways, with links to local resources and services clearly notated in each region.

6/ The HealthPathways platform is proficient at providing information that meets the needs of significantly differing populations and geographies. It ranges from single state iterations such as Western Australia, South Australia and the Northern Territory to multiple sites within larger metro regions such as Sydney and Melbourne. Within these there are specific notations of appropriate care for our ATSI and culturally diverse communities.

7/ HealthPathways is an iterative process and is quickly able to revise pathways based on changing evidence and/or changes in local service capacity and capability.

In summation, with a little additional resourcing and coordination, HealthPathways could provide a single 'source of truth' across Australia for how to provide best practice care across our primary and community sector, with appropriate support by and connection to secondary care services.

To view HealthPathways please go to,

<http://trial.communityhealthpathways.org>

Username: TrialHP Password: joinhp

Leading Lights

The commission addresses many aspects of supporting the development of positive wellbeing in young people. It notes the requirement for identifying children at risk, ensuring early help for those at risk and supporting schools to be effective gateways for children and families.

'Leading Lights' shares the same platform as HealthPathways but has currently been developed to meet the needs of children in school years 1-8. However, the resource is already being used by early childhood centres and high schools and further development could occur to adapt content tailored for these areas.

We believe that the currently available 'Leading Lights' platform in Canterbury (NZ), could be adapted in its current format for Australia to provide information to support schools, families and positions such 'School Well Being Leaders'. It could also be further developed to support earlier interventions in pre-school and high school children.

The commission can access Canterbury 'Leading Lights' (as currently seen by the Canterbury community) at the unique log-in:

<https://canterbury.leadinglights.org.nz/>

username: TrialAus

password: W3llbeing

'Leading Lights' supports a strengths-based approach to supporting children, with family involvement being of vital importance. It is focused on providing information and connections that support effective early intervention.

Whilst sharing the same platform as HealthPathways, 'Leading Lights' has some differences to meet the needs of its current target age group of children in years 1-8 of school. Reviewing the 'Anxiety' pathway provides a good overview of its functionality and its structure.

Section1: Recognise: *Notice, Document, Discuss, Plan*

This gives clear guidance and support on how to safely and effectively recognise anxiety and links to relevant resources and information.

Section 2: Respond: *At Once, With the Child, With the Class, With the Family/Whanau, With Support*

This gives information to safely and effectively manage the situation, with links to relevant resources and information and;

Provides information on how to safely and effectively engage with the class in a preventive manner about anxiety and;

How to work with and support the family/whanau, with links to relevant resources and information.

Following are a set of screenshots of the pathway and the direct link is <https://canterbury.leadinglights.org.nz/262.htm> (please use the credentials above)

Please Note: Blue text denotes a dropdown box with further information.

Anxiety

This pathway provides guidance on recognising and responding to anxious behaviours in a child, and strategies to support learning for a child diagnosed with anxiety.

If your school has a policy or procedure that relates to this topic, check this first.

[About anxiety in children](#)



Excessive anxiety can impact a child's learning, and emotional and physical wellbeing.



Strategies at school help to build resilience in children who feel anxious.



Planning with the family/whānau helps align strategies at home and school.

Recognise

Notice

Anxiety

liaison.

4. Talk to your principal and senior management team about adopting the [Play, Eat, Learn approach](#).

Plan

1. Involve the family/whānau in planning and decision-making.
2. See [With the Child](#) for:
 - strategies to help support a child to manage their anxious behaviours.
 - when to seek additional support.
3. Consider if there are [other factors](#) causing anxious behaviours that need addressing before or alongside anxiety.
4. If informing other staff so they can help support the child at school, consider [what information you will share](#).
5. Consider professional development:
 - Mana Ake Professional Development and Learning – [Anxiety presentations](#)
 - Mindfulness Education Group – [Pause, Breathe, Smile](#) (costs up to \$495)

Respond

With the Child

1. The sooner a child who is being affected by anxiety gets help, the easier it is for them to recover. Intervene early to look after the child's wellbeing.
2. Focus on how anxiety is affecting the child's ability to function and how distressed they are, rather than a specific medical diagnosis.
3. Teach the child about [brain function](#) and help them identify [self-soothing strategies](#).
4. Use [strategies in the classroom](#) to:

Leading Lights Search Leading Lights

MANA AKE
STRONGER FOR TOMORROW

Canterbury

- Home
- About Leading Lights
- Behaviour
- Health
- ADHD
- Allergies
- Anxiety**
- Asthma
- Cancer
- Dental Care
- Diabetes
- Eczema
- Epilepsy
- Head Lice
- Healthy Children
- Hearing
- Infection Prevention and Control
- Motor Skills

Anxiety

Notice

1. It is **normal for children** to feel anxious at times.
2. However, **excessive anxious behaviours** and associated distress can affect a child's learning, or emotional and physical wellbeing, and a response at school is necessary.
3. Children with anxious behaviours that are **excessive and ongoing, or affecting their ability to function** need additional support.
4. A family/whānau may let you know that their child has a diagnosis of anxiety and may be able to share interventions and support plans with you.

Document

1. Write down, sign, and date any:
 - excessive anxious behaviours or other concerns.
 - events, possible causes, and outcomes.
 - recent changes at home, e.g. a new baby, parental separation, blended family.
2. If a child has a diagnosis of anxiety, record any previous interventions, plans, or reports that the family/whānau share.

Discuss

1. Discuss the child's strengths and needs with your support teaching team, SENCO, or pastoral care coordinator. Seek their advice about:
 - how to build on the child's strengths.
 - effective strategies.
 - using specific resources for self-soothing, e.g. headphones with music, mindfulness colouring, squeeze balls.
2. Meet with the family/whānau to discuss any concerns and involve them in strategies and plans. See [With the Family/Whānau](#).
3. Seek the expertise of other teachers in your Kāhui Ako (school cluster) or your Resource Teacher: Learning and Behaviour liaison.

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Anxiety

4. Use **strategies in the classroom** to:
 - increase the child's emotional resilience.
 - help them learn how to manage anxiety.
 - reduce the benefits of avoiding situations (allowing a child to avoid situations can be seen as a reward).
5. If anxiety is **excessive, ongoing, and impacting the child's ability to function**, schools can access [wellbeing and mental health support](#).
6. If a child is experiencing **severe anxiety** and it is significantly impacting their ability to function, they need support from their [general practitioner](#) and/or other community services.

With the Class

1. Each day:
 - Publish a clear plan for the class to promote predictability.
 - Start with a feel-good activity to set the tone for the day, e.g. [Sparklers activities](#).
 - Include regular movement breaks.
2. Use classroom resources and activities to build emotional intelligence and emotional literacy, and improve social skills, mindfulness, and wellbeing:
 - [Books for teachers](#) to address anxiety
 - [Sparklers – Tips for the Classroom](#)
 - [Class Dojo – Mojo Gets Mindful](#)
 - [Jenny Mosley – Quality Circle Time Model](#) [video, 3:06 minutes]
3. Share ideas of [creative ways the class can share wellbeing messages](#) to support one another.
4. Make sure you [look after your own wellbeing](#).

With the Family/Whānau

Leading Lights Search Leading Lights

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Anxiety

1. If you have concerns about a child's anxious behaviours, meet with the family/whānau:

- See how to [raise concerns about a child's wellbeing](#).
- If the child is currently receiving, or has previously received, help with anxiety, ask the family/whānau about [strategies they have tried](#).

2. Suggest information that may be helpful for the family/whānau to support their child:

- [HealthInfo](#) – local advice on helping children with anxiety, including the importance of eating and living well, especially when anxiety is affecting learning
- [Books for families/whānau](#) – to help the child and their family/whānau understand anxiety
- All Right?:
 - [List of Books for Managing Children's Worries](#)
 - [Parenting](#) – information on parenting, e.g. courses and guidance
- [Worrywise Kids](#) – information for families/whānau on the full range of anxiety disorders
- Raising Children Network (Australia) – [Practical Tips](#) – for families/whānau dealing with school refusal at home
- [Sparklers – How to Help Kids Manage Worries](#)

3. Some families/whānau may wish to learn about anxiety and create an anxiety plan. See Anxiety Canada – [My Anxiety Plan \(MAP\) for Children and Teens](#).

4. If anxiety continues to be a concern, support in the community. See:

- [Anxiety counselling for children](#)
- [Phone counselling](#)
- [Social services](#)
- [Public health nursing](#)
- [General practice teams](#)
- [HealthInfo – Getting Help for my Child with Anxiety](#)

Unlike HealthPathways, as this is a developing initiative, we can't point to its success yet, but we believe that adapting 'Leading Lights' for Australia could provide significant support to the types of resources and programmes that are under consideration by the commission.

Our initial thinking is that 'Leading Lights' could be provided at scale across Australia with Australia wide exemplar pathways being developed to support best available evidence. Local regions would have their own 'Leading Lights' site populated with the exemplar pathways, with limited local variation being possible to accommodate local structures and resources only.

Like HealthPathways, 'Leading Lights' is an iterative process and can quickly adapt to changing evidence, with an ability to make changes to exemplar pathways quickly across Australia, as well as adopting any local service changes quickly.

This would allow us to develop most of the content via one team, with only minimal localisation allowing us to ensure an accessible, evidence-based resource

I hope that this overview of HealthPathways and 'Leading Lights' is of interest to the commission and we would be happy to provide any further thoughts or information to the commission at any time.

Kind Regards

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