

PEACH Project for Refugee Mental Health: Improving access and shared care for children experiencing complex medical and mental health difficulties

A CLINICAL QUALITY IMPROVEMENT PARTNERSHIP BETWEEN THE SYDNEY CHILDREN'S HOSPITAL NETWORK AND STARTTS

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BACKGROUND

The Sydney Children's Hospitals Network (SCHN) Health Assessment for Refugee Kids (HARK) Clinic is a tertiary paediatric service which treats children and adolescents from refugee and asylum-seeker backgrounds. Many children and families present with complex co-morbid mental health needs requiring multiple service involvement, frequently with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), a state-wide refugee-specific mental health service.

When refugee health and mental health services work discretely, the burden of re-telling their story, conveying accurate reporting, and complex care coordination falls to families, many of whom have low levels of health literacy and symptoms of complex trauma. Additionally, poor parental mental health is seen to have a significant impact on child health and emotional wellbeing. Paediatric services often have limited capacity to support parental access to mental health services.

AIM

This project sought to improve mental health outcomes for refugee and asylum-seeker families by; (1) understanding the barriers to access and engagement in mental health services, and (2) seeking to address them through quality improvement measures including:

1. Provision of enhanced inter-agency collaboration and coordinated care through the development of a formal shared care agreement between HARK and STARTTS.
2. Improved access for parental mental health support through creation of a supported referral pathway for parents of children and young people seen at HARK.

METHOD

Qualitative interviews with parents, children, and adolescent consumers (n=9) and staff (n=6) of the HARK Refugee Clinic were conducted between April-November 2022, alongside clinical observation, patient journey tracking, and co-design workshops to identify barriers to mental health access and engagement for children and families from refugee backgrounds.

Identified themes from these interviews and clinical observations were used to guide the design of a formal shared care agreement between HARK and STARTTS to enable coordination of care for the children and development of a new supported referral pathway for parents with mental health difficulties.

"Help not only the children - help the family. Make them feel peace. Make them feel they are safe. They live in the fear and the silence and the fear. And they just cover everything. And the better thing is the psychology for all the family."

-Consumer interview, November 2022

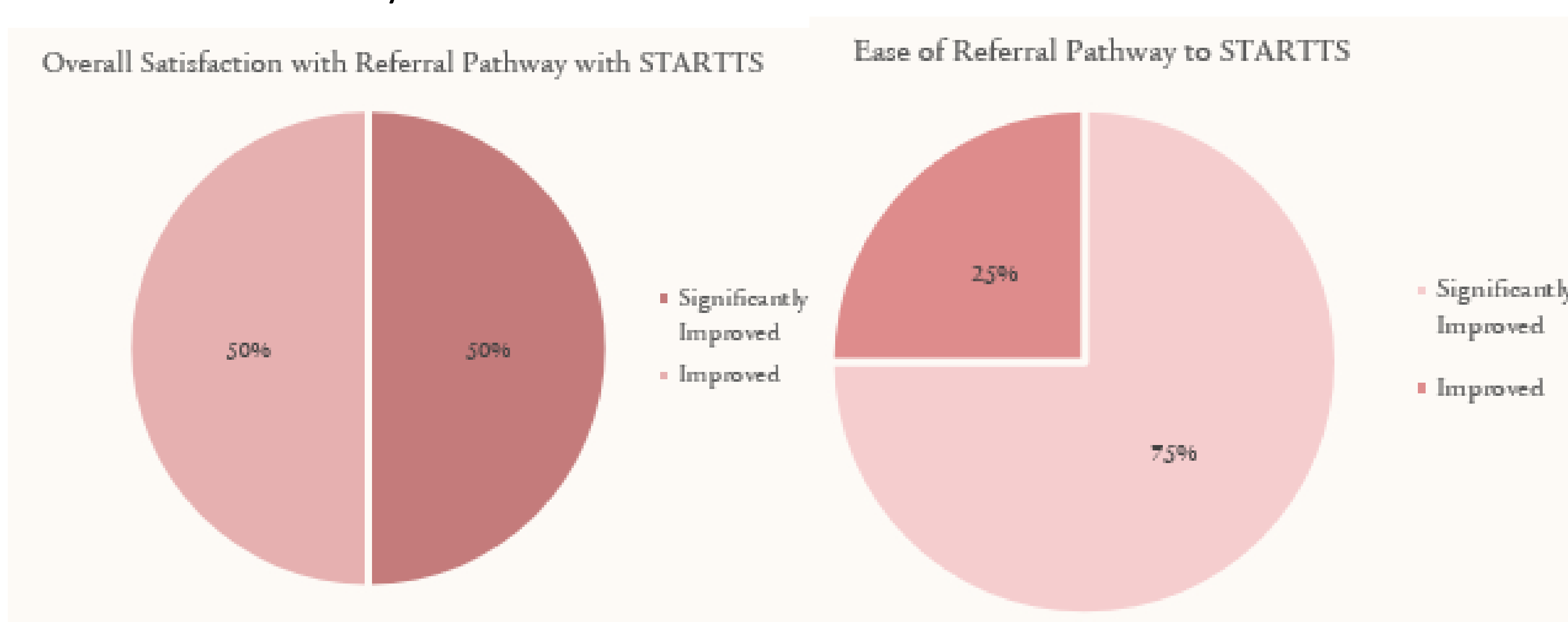
THE STARTTS & HARK SHARED CARE AGREEMENT

	Findings and identified barriers	Solution in Shared Care Model
Improved Coordination Of Care	<p>70% of refugee families accessing paediatric care at HARK also presented with mental health needs</p> <p>Consumers were found to frequently re-present for multiple episodes of care in mental health services with minimal engagement</p> <p>Care co-ordination was identified as a top need by consumers at the co-design workshops with refugee families.</p>	<p>Regular communication at significant points of client care:</p> <ul style="list-style-type: none"> •Referral •Allocation to a counsellor •Discharge or disengagement (such if a client does not attend an appointment and is not able to be contacted) •At a regular review point, or if there is a significant change in client presentation. <p>Regular interagency meetings</p>
Pathway for Parents	<p>Poor parental mental health was identified as a primary concern by both HARK consumers and staff but through which capacity to navigate referral pathways were limited</p> <p>Parents represented a high percentage (39%) of all mental health referrals from HARK to STARTTS</p> <p>Structural difficulties presented a significant barrier in the ability to create supported referrals for parents, relying on parents primarily self-referring</p>	<p>STARTTS supported self-referral pathway for parents/carers:</p> <ol style="list-style-type: none"> 1. HARK parents could be registered for an intake call by STARTTS using basic information 2. Clinical triage would be conducted by the STARTTS Intake team 3. HARK clinicians would be provided clinical updates as per the shared care agreement

OUTCOMES

The shared model of care was implemented in June 2023. Follow-up surveys suggest significant improvement in satisfaction with the referral pathway and partnership between HARK and STARTTS.

- The rate of duplicate referrals made for existing clients has significantly reduced
- Communication related to shared care between the two services has increased
- STARTTS internal data systems have been strengthened to enable shared care clients to be more easily identified



NEXT STEPS

The current shared care model will be reviewed after 12 months to identify any improvements needed to strengthen implementation. STARTTS plans to adapt the shared care model for use with other key healthcare partners and believes it can provide a strong working example of how to enhance shared care between services.



PEACH Providing Enhanced Access to Health Services

The Sydney children's Hospitals Network

HARK Health Assessment for Refugee Kids

