# Mental Health Continuum of Care Project

## Evaluation summary

May 2025

## About the evaluation

The Mental Health Continuum of Care Project aims to improve Tasmanians' experience of and outcomes from the mental health services commissioned by Primary Health Tasmania, by developing a new service model focused on better coordination, integration, and access.

As part of this work, Primary Health Tasmania conducted an internal evaluation of four of our commissioned mental health programs to assess how well they are meeting the needs of Tasmanians and to identify opportunities for improvement. The findings will directly inform the next phase of service model development and future commissioning decisions.

The evaluation focused on four programs:

1. **Low intensity services** – early intervention and prevention supports.
2. **Short-term psychological interventions –** brief therapies for people with moderate mental health needs.
3. **Adult severe and complex services –** supports for people with more complex mental illness.
4. **Short-term trauma counselling** – services for people affected by traumatic events.

The evaluation drew on service data, outcome reporting, provider input, and client experience across Tasmania. The review covered service access, outcomes, equity, workforce, system coordination, sustainability, and client experience over the 2022–23 and 2023–24 financial years.

## Key findings and themes

### Access and reach

Services are delivered across Tasmania using a mix of face-to-face, telehealth and outreach models. Many providers adapt delivery based on local context, including through regional partnerships and flexible scheduling.

However, access remains uneven, with reduced access in rural areas and among priority populations with data suggesting a notable decline in service reach over time. In some regions, service availability decreased by an estimated 20–40% compared to prior years due to workforce shortages.

Some population groups including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse people, people with disability, and rural residents, are underrepresented in service data. Entry pathways are not always clear or well communicated, and some people only enter services when needs have escalated. Wait times and workforce shortages were key barriers to access, particularly in low-intensity

and complex care services. Some programs experienced service wait times exceeding several weeks to months, particularly in areas with limited workforce coverage.

There are examples of strong local responsiveness, but more structured planning is needed to address persistent gaps.

## Referral pathways and navigation

Clients and referrers face challenges in navigating between programs. Referral criteria differ between services, and there is no single intake or triage system. Some people are declined from services without clear support to find an alternative. Anonymised feedback from multiple commissioned providers highlighted inconsistent triage practices, with variable referral acceptance rates and follow-up procedures.

Health professionals often lack visibility of available services and program capacity, which can lead to referral delays and, over time, disengagement from the referral process—particularly when referrals are repeatedly rejected, redirected, or not followed up.

Many of the commissioned providers support the development of more consistent and transparent referral pathways and intake processes to improve flow through the system and ensure timely support.

## Client experience and outcomes

Clients consistently described services as safe, respectful, and helpful. Staff were often commended for their compassion, flexibility, and ability to build rapport.

Many clients showed improved wellbeing while accessing services, though the outcome measurement tools were inconsistently applied limiting insight into long term effectiveness. Follow-up beyond service discharge occurred in fewer than 1 in 5 cases, limiting insight into long-term impact.

Providers noted a need for improved systems to track outcomes, reduce duplication, and better capture client feedback over time.

## Cultural safety and inclusion

All services reported efforts to build inclusive and culturally safe practices. Some providers had introduced training, peer engagement, and changes to physical environments to improve cultural safety.

However, the depth and consistency of these approaches varied. Priority populations were not always actively engaged, and most providers reported limited opportunities to work with communities to shape service delivery. Provider feedback suggested that less than half had formal mechanisms in place to incorporate community voices into planning.

There is broad support to improve how services listen to, reflect and adapt to community perspectives and needs.

## Workforce capability and sustainability

Staff were described as skilled, committed, and values-driven. Providers reported strong team cultures and internal support structures, contributing to positive client experiences.

At the same time, workforce shortages, particularly in regional areas, continue to limit service reach, consistency, continuity and responsiveness of care. Challenges include staff recruitment, turnover, and access to training or supervision. In some programs, workforce vacancies persisted for more than six months, resulting in decreased service availability and extended wait times. These pressures can affect continuity of care and service responsiveness.

Some providers have introduced creative solutions such as shared staffing, peer support roles, or local

recruitment pipelines, which could be built on further. Investment in training, supervision, and clearer role definitions is needed to build and retain capability.

## Data and quality improvement

Most services have made progress in improving their reporting systems and are using outcome data in some capacity to inform service delivery. However, the quality and consistency of data collection continue to vary widely across providers. While some services have adopted improved tools, others report that current data requirements are burdensome, time-consuming, and often misaligned with program intent or actual client outcomes.

There is strong and consistent feedback from providers calling for more integrated digital systems that can streamline reporting, support real-time outcome tracking, and improve coordination across services. The need for shared platforms that combine referral management, client feedback, and system-wide oversight was frequently identified.

A clear appetite exists for simplified, fit-for-purpose reporting tools, aligned with a consistent Monitoring, Evaluation, Accountability and Learning (MEAL) framework. Providers highlighted the importance of using indicators that reflect real service impact, not just contractual KPIs, and of ensuring outcome and experience data are collected systematically, including after service discharge.

To support this, there is a need to invest in provider data literacy and analytics capability, particularly for smaller or regional organisations that may not have dedicated resources or infrastructure for robust data analysis

## What's working well

- Service users generally report feeling respected and supported.
- Staff are skilled, committed, and responsive to individual needs.
- Providers are flexible and adaptive, with examples of local innovation.
- Collaboration across services is growing, particularly in regional areas.
- Several providers are already using elements of stepped care, such as internal triage or tailored service intensity.
- There is shared commitment to improving system integration and community outcomes.

## Opportunities for improvement

- Improve referral processes and intake pathways to reduce confusion and delays.
- Strengthen outreach and inclusion for under-served populations. - including priority groups and those currently excluded due to geography, modality, or system navigation barriers.
- Use outcome and experience data more consistently across services.
- Invest in workforce development, supervision and sustainability, especially in rural areas.
- Align reporting and funding with real-world service delivery and client needs.
- Explore shared systems for referrals, outcomes and service monitoring.

## Next steps

The findings from this evaluation are helping to shape the development of a new service model under the Mental Health Continuum of Care Project.

From May to July 2025, Primary Health Tasmania is working with our commissioned service providers, people with lived experience, clinicians, and community members to further develop the model. This includes validating what we've heard so far, testing key elements of the proposed approach, and identifying potential risks and issues.

The next stages of the project will involve:

- continuing engagement with stakeholders to further shape a model that reflects regional needs and service delivery realities
- hosting provider and community workshops across Tasmania in June 2025 to explore opportunities to improve coordination, integration and access
- preparing for a procurement process in early 2026, where providers will be invited to apply to deliver services under the new model
- supporting a six-month transition process from July 2026 to ensure continuity of care as services move from the current to the future model
- implementing the new model in full from January 2027, supported by updated commissioning, funding and service arrangements.

Primary Health Tasmania will continue to work closely with current and future providers throughout the transition period to support service continuity and a safe, planned approach to change.

A high-level overview of the next steps of the project is outlined below:

| **Activity** | | **Expected timeframe** |
|---|---|---|
| 1 | Extensive engagement with stakeholders to design a fit-for-purpose mental health continuum of care model for in-scope commissioned Primary Health Tasmania services | May – July 2025 |
| 2 | Market engagement and market sounding with current and prospective providers to prepare for a procurement process | October – November 2025 |
| 3 | Procurement process to select providers to deliver under the new service model | February – May 2026 |
| 4 | Onboarding of successful providers and implementation of the new service model over a 6-month period | June 2026 – January 2027 |
| 5 | Support current and new providers to implement a planned client transition process, including assessment of individual care needs and coordination of handover. This includes working with any providers who are not re-commissioned to ensure continuity of care and minimise service disruption | June 2026 – January 2027 |
| 6 | Full implementation of the new mental health continuum of care service model (services fully operational) | January 2027 |