

29 July 2020

Adult Mental Health Centres

cohealth responses to the Department of Health's [online consultation](#) questions

1. Principles

The Adult Mental Health Centres trial aims to balance local needs with national consistency. To achieve this aim, the proposed service model includes a set of ten operating principles (below).

1. Offer a highly visible and accessible 'no wrong door' entry point for adults to access information and services which are designed to empower, support and improve their psychological and physical health, and social and emotional wellbeing.
2. Provide information and services which can assist those providing support to people in need.
3. Provide a welcoming, compassionate, culturally appropriate and safe environment that is inclusive for all people accessing services or support.
4. Provide access to best practice on the spot advice, support and treatment for immediate, short term, and where appropriate, medium term needs delivered by a multidisciplinary professional health care team including a suitably trained peer support workforce, nursing and allied health and specialist medical care, without prior appointments or a fee.
5. Assist people in need to find, access and effectively utilise digital forms of help including information, support and therapies.
6. Support people to connect to pathways of care through integration with longer term existing community mental health services where these are accessible, local primary health network commissioned services, or GPs and state and territory funded services, as required.
7. Provide an option for intervention and support that may reduce the need for emergency department attendance.
8. Explore opportunities for the development and utilisation of innovation to complement defined core functions.
9. Implement appropriate confidentiality and privacy arrangements in accordance with relevant legislation.
10. Operate under robust effective governance frameworks and conduct local evaluation activities, to ensure transparency and accountability and maximising service quality.

Please provide comments on the principles including if there are principles that are missing or any suggested amendments, providing your rationale for the suggested change.

Additional Principles that are needed:

- The inclusion of people with lived experience – consumers, families and carers - in all areas of the development, operation and review of both the overarching

model and the individual Centres, needs to be a cornerstone of the Centres. As such, this involvement must be articulated as an additional principle. The expertise developed from lived experience should be valued as highly as that of clinical expertise.

- The Centres should work towards significant involvement of peers – people with lived experience of mental health issues – in all staff roles, not solely in designated peer support worker roles. This should be an additional principle.
- The Principles are, in the main, operational, articulating what the Centres aim to achieve. Equally important is **how** their aims are achieved. cohealth recommends including a Principle that provides guidance as to the therapeutic foundations of the treatment and support that is provided, including:
 - human rights based
 - recovery-oriented
 - consumer focussed
 - goal-directed
 - trauma informed
 - family inclusive
 - holistic approach

Amendments:

- Principle 10 refers to 'local evaluations'. While local evaluations are important to ensure that the specific needs of the local community are met, an overarching evaluation of the model is equally important. All evaluations should include shared outcomes, as identified through co-design with consumers, families and carers, in addition to measuring outputs.

Additional considerations:

- To effectively meet the mental health needs of the community, including an accessible entry point, the model needs to include provision for outreach services. Many people experience barriers to attending centre-based settings, such as the lack of transport, the cost of transport and caring responsibilities. While digital and online service provision may address the barriers for some people, personal preferences and the digital divide mean that these approaches are not appropriate for everyone. Those who are most vulnerable are the most likely to face barriers to accessing Centres.
- Provision for support for people with caring responsibilities to attend, particularly those with children. Free, onsite childcare would improve access for parents, particularly those on low incomes or without other supports.
- An unstated principle of the model appears to be reducing potential emergency department presentations or readmissions to acute care. If this is to be achieved, it would also be important for Centres to provide assertive outreach to engage and support consumers at higher risk.

Geographic boundaries frequently hamper people's ability to access the service that best suits their needs. Geographic boundaries are not mentioned in the Centre model. cohealth urges flexibility with any such boundaries, and that they are clearly articulated to the community.

2. Assumptions

There are a number of assumptions underpinning the service model (below) that help to set the scope for the Adult Mental Health Centres trial.

1. Centres will welcome adults experiencing emotional distress, crises, mental ill health, and/or addiction, and their families and carers through a 'no wrong door' approach.
2. Young people aged 12–25 years old should be encouraged to seek access and ongoing care and support from more appropriate and youth friendly services such as headspace services and other services targeting the needs of young people.
3. Centres should offer a holistic approach to care, addressing a broad range of social, physical and emotional needs, supported by best practice in evidence-based and evidence-informed care. This should include integrated care for people concerned about AOD use which coexist with mental ill health and culturally appropriate best practice.
4. Centres should be required to provide or facilitate core functions within an agreed framework, in a way which complements and does not duplicate existing services, including acute or long term services.
5. Centres must adhere to the principles of the Gayaa Dhuwi (Proud Spirit) Declaration in the development and delivery of services to ensure culturally safe services for Aboriginal and Torres Strait Islander people are included as part of the broader model.
6. Centres should have some flexibility for regional variation, over time, to address other cultural or local population needs and to make optimal use of already available services. This includes opportunity for the development of innovative approaches to complement core services provided through centres.
7. Centres should be promoted as supporting people at times of crisis and distress, and not in terms of language of mental illness.
8. Centres will connect people to pathways to less urgent longer-term care. The centres are not expected to provide services of an ongoing nature, but will have capacity to provide short to medium term targeted treatment and support.
9. Centres should promote optimal use of digital mental health and AOD services, including integrating digital forms of support into treatment plans and supporting their use.
10. A quality framework should support the model of service, including by ensuring the risks of supporting individuals who may be experiencing high distress are managed, and attending to appropriate ongoing support, supervision and training for all staff, including peer support workers.

Please provide comments on the assumptions, including any assumptions that are missing or any suggested amendments, providing your rationale for the suggested change.

Assumption 2 – that people under the age of 25 should seek services elsewhere - is a concern. Many people in their early 20s would identify with adult services, not youth-oriented services. Young people, as they near the age of 25, should be able to access Centres if that is their preference, particularly if there is a likelihood that they may access them after they turn 25. This would also align with the important values of consumer choice and control.

Assumption 7 – Supporting people in times of crisis and distress. However, services for people in acute crisis and in need of emergency department care are out of scope in the model. This assumption will need to be carefully conveyed to the public so as not to cause further confusion for people in immediate crisis.

Assumption 8 - Centres are not expected to provide services of an ongoing nature. The assumption is that people who require longer term care or ongoing support will be referred to other services. However, longer term support is currently very difficult for consumers to access. In an environment where demand for these supports already exceeds what is available, it is unclear how consumers will receive the support they need. It is also well established that the therapeutic relationship is a critical aspect of recovery. For people with longer term support needs, it would be preferable for them to receive care from a consistent team and/or practitioner if that is their preference. For positive longer term outcomes it will be vital to facilitate linkage to ongoing psychosocial and therapeutic supports.

Assumption 9 – the optimal use of digital mental health and AOD services. While some people embrace digital services, others do not feel comfortable – or able – to use them. The use of digital services should be determined by the preference of the consumer, not the Centre or practitioners.

3. Core services

The proposed service model provides for operational flexibility which will allow each Centre to meet the specific needs of the local community. However, there are a number of services that all Centres will provide 'in-house' using available funding. The proposed service model outlines four core services (below) to be provided in-house by all Centres.

1. *Responding to people experiencing a crisis or in significant distress*
 - *Immediate support to reduce distress for people experiencing crisis or at risk of suicide presenting to the centre, to help them feel safe and stabilise symptoms before ongoing management within the centre, or arranging warm transfers to other services where appropriate (see also flexibilities); and*
 - *Support for communities and individuals experiencing significant distress associated with times of natural or other disasters.*
2. *Providing a central point to connect people to other services in the region*
 - *Information for individuals, families, friends and carers on locally available mental health, AOD and suicide prevention services, and related social support services;*
 - *Support and advice for families, friends and carers to assist them in their role, and acknowledge their social and emotional support needs; and*
 - *Service navigation, supporting clear and seamless pathways, including access to digital self-help services, and providing a point of contact and follow-up.*
3. *Provide in-house assessment, including information and support to access services*
 - *Assessment and initial review to ensure people are matched to the services they need, including assessment of physical health needs, problems related to AOD use, and other social factors or adversity which might impact on their mental wellbeing.*
4. *Evidence-based and evidence-informed immediate, and short to medium episodes of care*
 - *Initial information provision, comfort and containment of symptoms, including, where possible, those related to alcohol and drug use;*
 - *Short to medium term support and treatment, based on an episode of care model, whilst individuals are recovering or are waiting to be connected to longer term or*

- more appropriate services and support, including regular contact and follow-up with individuals at heightened risk of suicide and their families and carers; and*
- *Digital mental health services and information, including promoting access to on-line therapies (such as those offered through head to health) and clinician-supported digital interventions for mental health and problems related to AOD use.*

Please provide comments on the core service elements, including any suggested amendments, providing your rationale for the suggested change.

The way these core services are provided in practice will be key to the success of Adult Mental Health Centres. Important considerations are:

- Consumers, family members and carers need to be involved in all aspects of service development, design and evaluation.
- Integration with the range of physical health, AOD and social support programs will be critical. Centres will need to have resources dedicated to developing, maintaining and evaluating these partnerships and their accompanying governance arrangements.
- Providing the widest range of integrated services for mental health, physical health, AOD and other social support and community engagement opportunities at the Centres would best provide the integrated, holistic care the model envisages.
- In Victoria, many community health services already provide a wide range of these services and would provide an ideal platform for establishing Adult Mental Health Centres.
- Centres should also have a capacity building role - to facilitate local partnerships, warm referral pathways and transition points between services for clients and liaise with community groups to understand local access barriers and solution. They should be able respond rapidly to feedback to improve service access and effectiveness.
- Assessments, review, episodes of care and other services need to take a holistic, consumer centred approach, rather than a solely clinical one.
- One of the foundations of the Centre model is referring people to other services, including longer term mental health support when this is required. However, with demand for these services already exceeding the services available, it is unclear how people with longer term support needs will receive the support they need under this model.
- Work with family members and carers should include capacity building work to provide support for engagement with therapy and recovery.

The concept of recovery is given little attention in the model, despite this being a critical mental health support approach. In line with our recommendation that recovery-oriented support be included as a Principle for the model, cohealth also recommends that support and coaching for recovery be included in the service model. While some consumers will be eligible for recovery coaching and support through the NDIS, those who are not eligible for the NDIS will not receive the support they require.

The mental health system is currently undergoing review. The Productivity Commission has delivered its final report on mental health to the Government, and it will be publicly

released later in 2020. In Victoria the Royal Commission into Victoria's Mental Health System is due to report in Feb 2021. At this stage it is unknown how – or if – the Centres will fit with the recommendations of these reviews. It is important that the Centres have the capacity to adapt and change to ensure alignment with the recommendations about the overall mental health system.

5. Services out of scope

The Centres are not designed to duplicate or replace state or territory funded services, including longer term specialist care or inpatient care. To ensure that demand for services is managed, some services will be out of scope for the Centres (below).

1. *Services for people in need of urgent emergency department care*
2. *Acute reception of police or ambulance referrals*
3. *Pathology, radiology or pharmacy services*
4. *Ongoing, long term psychosocial support or recreational services*
5. *Direct financial support*
6. *Residential or bed-based services*
7. *Services targeting children and youth under 25 years old (which could be provided more appropriately by headspace or other specialised children or youth mental health services)*
8. *Disability support services provided through the NDIS (although the Centre will assist with referral to the NDIS and related information)*
9. *Other services which are provided by other agencies in the area*

Please provide comments on the services that are out of scope, including any suggested amendments.

There needs to be flexibility with the direction that people under the age of 25 should seek services elsewhere. Many people in their early 20s would identify with adult services, not youth-oriented ones. Young people, as they near the age of 25, should be able to access Centres if that is their preference, particularly if there is a likelihood that they may access them after they turn 25. This would also align with the important values of consumer choice and control.

Recovery coaching and support is not mentioned in the service model and would appear to be out of scope for Centres. While consumers eligible for the NDIS will be able to include this in their plan, those not eligible will not be able to receive this important support. As per our recommendation for Core Services, cohealth is concerned that the apparent exclusion of recovery coaching and support from the service model will continue the lack of services for consumers.

6. Inclusive support and treatment

The Centres will be established to provide inclusive, non-stigmatising and culturally appropriate mental health support and/or treatment for individuals, and their family and carers who seek advice or assistance.

Please comment on the establishment aims, including any suggested amendments, providing your rationale for the suggested change.

These aims would be shared with other mental health services. It is unclear how these aims differentiate the Adult Mental Health Centres from other services.

Leadership and culture will determine the ability of Centres to deliver inclusive support and treatment.

The Centres are not designed to provide ongoing care, rather will refer people out to other services. However, these services are already unable to meet the high level of demand so it is unclear if the centres will be able to achieve these broad aims.

Comprehensive, ongoing and authentic local community engagement will be needed to support Centres to achieve these aims, as well as strong linkages to local agencies already working effectively in local communities, such as community health centres.

7. National branding

The Centres will adopt a nationally consistent brand that will assist people to identify where help is available.

What factors could make a national brand easily identifiable? Please provide comments on the factors that will assist in creating an easily identifiable national brand.

Factors that will assist with developing an easily identified national brand include:

- Clear statements about the Centres purpose and services, which reflect the Principles.
- Work with consumers, families and carers to develop branding.
- Consumer engagement to ensure that branding describes where Centres fit in the lived experience of consumers accessing the service system and continuum of care.
- Ensuring that the balance between the 'no wrong door' approach and community expectations of what can be provided, with the limitations to longer term support, and the referral out to other services, is clearly communicated.
- Clearly articulating out of scope services to avoid exacerbating the existing challenges people face in navigating the service system and knowing which service is most appropriate for their needs.