Mental Health Australia

Adult Mental Health Centres Service Model Consultation

Mental Health Australia's feedback on the Department of Health's Consultation Paper – **Service Model for Adult Mental Health Centres July 2020**.

Mental Health Australia welcomes the opportunity to engage with the Department of Health regarding the proposed service model for Adult Mental Health Centres. This response includes feedback provided at the Mental Health Australia mini Members Policy Forum on the design of the Adult Mental Health Centres, presented by Assistant Secretary Chris Bedford on 16 July 2020. Mental Health Australia has completed the Department's online survey and provides this document as further detailed feedback on the Consultation Paper.

Mental Health Australia strongly supports the establishment of services to address the current gap in mental health services for adults experiencing complex mental health needs or mental health crisis, and providing a safe alternative to attending an Emergency Department for such care. However as it stands, Mental Health Australia believes the Consultation Paper does not provide a clear enough framework on how the proposed Adult Mental Health Centres will deliver on this vision. Our concerns are outlined below.

Key elements of the model

Mental Health Australia understands that the original primary policy intent of the Adult Mental Health Centres (the Centres) is to address the gap in services for people experiencing severe and/or complex mental health issues, who are not appropriately supported by either primary mental health services (including Better Access) or acute state/territory government mental health services.

As described in the Consultation Paper, the key elements of the Centres address a very broad potential population group for service provision which appears to be a shift away from that original purpose, but there isn't any explanation as to why this has occurred.

This breadth risks a shift in focus of the Centres espoused primary target cohort, from people experiencing complex mental health needs, to people experiencing significant distress. The impact of such a shift in focus could result in services being diverted to the 'worried well' rather than targeting the so-called 'missing middle'. The service model will need to have greater clarity about the primary cohort the Centres will support in order to ensure this original policy intent is delivered through implementation of the Centres.

Importantly, the role of the Centre in providing short to medium term "episodes of care" needs further consideration and elaboration at this stage of service design. This must be a key focus of the Centres to ensure they do not become only a triage or re-referral service, but provide appropriate holistic treatment and care to meet immediate mental health needs and genuinely support recovery.

This will also mean provision of preventative supports and reduce pressure on other parts of the health system.

The role of outreach support is also unclear. If this model is a walk in service only then this may not be appropriate, but if its aim is to provide short and medium term support for people with complex mental health needs it would appear that there may well be the need for some outreach capability - even if limited in scope.

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ABN 57 600 066 635

In order to be most effective, the service model itself – not just the particular clinical and other interventions that are delivered - must be based in available evidence of what works for this cohort, including the advice of people with lived experience.

Mental Health Australia strongly supports the provision of safe places for people to go when experiencing severe psychological distress as an alternate to Emergency Departments. We also support the provision of assessment, information, referral and mental health care at no out of pocket cost. Properly targeted these services will greatly increase access to mental health care.

Assumptions underpinning service model

Mental Health Australia strongly supports a holistic approach to care, which considers and supports biological, psychological, social and cultural needs, as referred to in the Consultation Paper. These Centres have the opportunity to develop and provide best-practice holistic care, where clinical, cultural and psychosocial care are integrated for the best possible outcomes for people experiencing mental health issues.

One of the assumptions outlined in the Consultation Paper is that young people 12-25 years old will be encouraged to access more appropriate services such as Headspace. This should be framed very carefully, that young people presenting to the Centres are made aware of Headspace services, but able to choose if they would prefer to access services through Headspace or the Centres, as the Headspace service model is not appropriate for all young people and they may not be able to access Headspace services immediately. Mental Health Australia is also concerned to understand the process for responding to children under the age of 12 who present to the Centre with severe or complex psychological distress or mental health issues, and advises that clear guidance for responding to this group be included in the service model.

Regional variation should allow flexibility in service design and adaptation to local contexts, but not to the point where the intended policy outcome of the Centres is not achieved. Mental Health Australia urges the Department to provide a more detailed service framework and model of care for Primary Health Networks (PHNs) to deliver on through their commissioning and partnership work.

A highly visible and accessible entry point for individuals and those providing support to them

The Centres must be responsive to vulnerable groups and designed in collaboration with people with lived experience in order to ensure they are genuinely perceived as welcoming places. PHNs should require such co-design in commissioning of the Centres. This could include often marginalised populations with significant mental health needs including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, LGBTI people, elderly people, people with dual diagnoses, young people and people with disabilities.

Core services

The fourth core service described in the Consultation Paper — “evidence-based and evidence-informed immediate, and short to medium episodes of care” is a particularly crucial component of the service model, which would benefit from further definition.

It is understood the intent is for the Centres to provide immediate, short and medium term care and not generally provide ongoing or long term mental health care. Where longer term support is required people are referred to other mental health care services. Greater clarity on what is generally agreed to be short and medium term care would be beneficial and also what happens when there are not alternative longer service support options. This will be particularly important in rural and remote areas where service provision is generally poor. Mental Health Australia supports the ongoing provision of recovery-oriented care where people need and are not able to access other services, though acknowledges this must be balanced with availability for new clients.

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In order for the Centres to be as effective as possible with the allocated resources, the manner in which services are delivered (not just the services/interventions themselves) should be informed by available evidence of most effective methods of service delivery for the primary cohort. The fourth core service includes provision and reference to digital mental health services. Those used and recommended by the Centres must be evidence-based, as there is a plethora of digital services available across the market, but not all robustly tested.

The Department should confirm at this stage that people who are NDIS Participants will also be able to access services immediate assistance and short-medium term support through the Centres. This will support clear communication across mental health and disability support sectors with clients and NDIS Participants.

In relation to core services around responding to people experiencing a crisis, there needs to be an emphasis on genuine efforts to support people in a suicidal crisis with care, compassion and time. To be effective, the Centres will need to have the capacity to respond appropriately to people in suicidal crisis, rather than immediately referring them to Emergency Departments as is the case in other services.

The second core service includes provision of mental health information, support and advice for families, friends and carers. This is very welcome but should be strengthened. There is a significant need for family support services, which can address people's needs in the context of family relationships rather than in isolation. The Department should consider whether the Centres can meet this need as part of their model of care. There are also significant service gaps for young carers which the Centres should address.

Out of scope

As currently outlined the Centres have a very broad potential service population. As indicated the only exclusion criteria appears to relate to those under 26 years of age. Under this current model the service population group could therefore also include people dealing with a diverse range of challenges including family violence, relationship conflict or breakdown, poverty, addiction, unemployment, situational distress and housing insecurity. This is especially the case with Centres situated in areas of increased disadvantage. As such, the Centres would need to work very closely with other social services, and there should be greater clarification of this interface and what is in and out of scope for the Centres. In order to provide the most effective mental health and drug and alcohol services in this context it will be critical for the Department to further refine the parameters for the Centres, or require such clarity through the commissioning documentation linked with local service gaps and partnerships.

Workforce – a multidisciplinary team approach

Mental Health Australia strongly supports a multidisciplinary team approach as proposed. All Centre staff should have training in de-escalation, suicide prevention, dealing with intoxication, situational crisis and high levels of expressed emotion.

There could be consideration of the scope for use of technology to provide access to health professionals from disciplines not represented as part of the core team.

Integration and planning

Primary Health Networks (PHN) have undertaken considerable local area mental health needs mapping over the last five years, with collaboration with Local Health Networks to develop Regional Mental Health and Suicide Prevention Plans. The extensive collaboration, partnerships and co-design that have produced these plans should be further acknowledged by the Department. These plans are a key asset for PHNs in specifying the role Adult Mental Health Centres in their area, and ensuring the Centres fit within the broader community-owned visions of the Regional Mental Health and Suicide Prevention Plans.

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The Consultation Paper does not provide adequate clarity on how the Centres will interact and integrate with existing community mental health services. There may be benefit for formal relationships with other service providers, given the need for integration and warm referrals to ongoing support for people experiencing severe mental health issues.

Beyond the pilot stage, the Department should consider the possible role of Centres in addressing gaps in the mental health service continuum in regional and remote areas, and particular service models that would be appropriate for such areas if Centres are to be developed there.

Safety and quality

There is currently limited detail on governance and accountability structures to ensure the Centres deliver on the Australian Government's intent for them. The service model should be more specific about service deliverables and processes for service review. It will be important to include a diversity of experience at local governance levels, including lived experience representatives.

As a walk-in service, the Centres will need to develop strong local safety protocols that include escalation options and interaction with police and emergency services, addressing safety issues arising from:

- People walking in from the street and agitated, impacted by alcohol or other drugs or otherwise unable to self-manage. This could be at any time during opening hours.
- Children accompanying parents to the Centre, where they may be at particular risk from other clients
- Providing after-hours services
- Dealing with a client group likely to be highly sensitive to trauma

Pathways to care

The Consultation Paper provides a matrix of patient pathways within the Centres. Further mapping of potential pathways into the Centres, for example through a demand management strategy, would be beneficial. There is also a lack of detail on the provision of case management support to coordinate and track people's access to the supports they need once assessed and referred.

Evaluating the service model provided through the trial

Mental Health Australia understands the evaluation framework for this trial is currently being developed. Nationally standardised evaluation of the Centres would provide the most rigorous evidence-base for their evaluation. It will also be important to evaluate and report on the degree of local co-design with people with lived experience informing the implementation of the Centres, and the relationship between this and service outcomes.