

27 July 2020

## Consultation response: Adult Mental Health Centres

### About the VHA

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting public and community health services to deliver high quality care in Victoria. The VHA represents Victorian public hospitals, registered community health services, Multi-Purpose Services (MPS) and bush nursing services.

The VHA welcomes the opportunity to provide feedback on the proposed service models for the Adult Mental Health Centres (hereafter referred to as 'Centres').

### Executive summary

This submission is based on consultation with VHA members who operate in the local area of Corio, where the first Victorian Centre will be based. It highlights gaps in the principles and assumptions outlined in the consultation, and offers considered recommendations that would improve the implementation of the Centres for health providers and consumers.

The VHA broadly welcomes the proposed service model, including a focus on reducing mental health demand on local hospital Emergency Departments, the development of a 'no wrong door' approach for users to access and be referred to care, as well as the recognition of the need for a holistic approach to care. These are important elements that will enable these Centres to have an impact on the current mental health landscape. However, there are missing aspects to this service model which should be added to ensure that the trial of the Centres is successful and delivers positive outcomes for local communities and users.

The VHA makes the following recommendations for the successful design and implementation of the Centres:

- The service model should include a provider attributes section which notes that:
  - providers must be able to demonstrate previous success in delivering related mental health programs
  - providers must have a proven ability to deliver the core services of the Centre
  - providers must be able to demonstrate effective partnerships with other key local providers
  - the selection of the provider must benefit or augment the capacity of the local mental health environment.
- The overarching clinical model should be set out in an operating principle.
- An additional explicit principle acknowledging the expected local role and contribution of these Centres, ensuring that local needs are at the forefront of design and implementation.
- An operating principle stipulating that the providers of these Centres demonstrate local credibility, connections and services required to ensure that they can deliver the care pathways required for the Centres to be successful.
- There should be an operating principle which focuses on the need for these Centres to deliver outcomes and improvements for clients.
- There should be an assumption that these Centres will adapt to meet local community needs that are aligned with the broad operating principles.
- There should be an assumption which acknowledges that these Centres will not be able to meet all mental health needs.
- Local providers should be enabled and supported to make local decisions on core service
- There is a nationally consistent approach to national branding so that local populations know that this is the place to receive or be directed to appropriate care.

## Consultation response

### Broader feedback

The VHA, on behalf of its members, has provided answers to the consultation questions below.

While the VHA broadly supports the proposed service model, further detail is required, especially on how these Centres, as national entities, will operate at a local level. While individual PHN processes for each Centre will provide vital local knowledge, there needs to be more direction on this at a national level to ensure that there is a cohesive approach to how these Centres will operate locally.

In terms of how these Centres are procured, there should be more national direction. The service model needs to feed into the factors that will be considered in choosing the provider that will deliver a Centre. If not, it risks that a provider will be chosen that is unable to deliver the right partnerships to deliver the care that people will require. These Centres are not guaranteed to be successful and this is a core component of the success of this trial. The VHA will continue to monitor the development of the Centres and will provide similar feedback to the future local consultation for the Corio site.

**Recommendation 1** - The VHA recommends that the service model include a provider attributes section which notes that:

- providers must be able to demonstrate previous success in delivering related mental health programs
- providers must have a proven ability to deliver aspects of the core services of the Centre
- providers must be able to demonstrate effective partnerships with other key local providers e.g. health services, community mental health
- the selection of the provider must benefit or augment the capacity of the local mental health environment.

### Principles

The operating principles, as set out in the consultation document, broadly support the development of Adult Mental Health Centres. In particular, the VHA welcomes a 'no wrong door' approach, the attempt to reduce emergency department admissions, and the encouragement of innovation. The principles on privacy, confidentiality and governance are also important aspects to the success of these Centres, in that they are practicalities that will help determine how these Centres operate.

The VHA broadly supports the ten operating principles, but there are missing aspects to the principles, including consideration of local context, the track record of providers and the outcomes of users. These missing aspects need to be rectified to ensure these Centres are as effective as possible.

The VHA welcomes that there is recognition of social wellbeing in one of the principles, but there is still a lack of detail on how this will operate in practice. There is no guidance on whether these Centres, will be focused solely on medical outcomes or more include holistic approaches to address the mental health of Centre users. To support a nationally consistent approach, the overarching clinical model should be set out in the operating principles, to avoid discrepancies between sites. Immediate clarification is required to inform the development of Centres at a local level, prevent confusion and support their efficacy and sustainability.

The substantial oversight in development of these principles is recognition of local context. The consultation document notes that the 'Adult Mental Health Centres trial aims to balance local needs with national consistency' but this is not reflected in the operating principles, where there is no mention of any local aspect or need. There should be an additional explicit principle which acknowledges the expected local role and contribution of these Centres, ensuring that local needs are at the forefront of Centre design and implementation. If these Centres are to be successful, they need to sit cohesively within the local community. An example of where this is important is that the Centres should be located in close proximity to the people they serve; while issues such as Centre location should be a component of the local consultations and tendering, it should also be reflected in the national operating principles.

The success of these Centres is dependent on selecting providers that have a track record of successful service delivery and strong integrated relationships with other service providers to connect users to care pathways and refer to other local providers. There needs to be greater recognition of this in principles, or there is a risk that these Centres will not have their intended impact. For instance, while there is a principle focused on these Centres supporting people to connect to pathways of care through integration with existing services, it does not go far enough. Partnership and integration are integral to the impact of these Centres; it is a major component, as reflected by other operating principles which highlight the care these Centres should deliver. This means that there should be an operating principle that the providers of these Centres show that they have the local credibility, connections and services required to ensure that these pathways are successful.

The principles do not address the intended outcomes for the people that use these Centres. These Centres are being created to meet the needs of people with mental health issues that are not being met currently by the health system. If these Centres are to be effective, then there must be recognition of this in the broad operating principles of the Centres. There should be a principle which focuses on the need for these Centres to deliver outcomes and improvements for the clients at their centre – this principle could be combined with the need for more detail on the clinical model as set out above.

**Recommendation 2** – The VHA recommends that the overarching clinical model should be set out in an operating principle.

**Recommendation 3** – The VHA recommends that there should be an additional explicit principle which acknowledges the expected local role and contribution of these Centres, ensuring that local needs are at the forefront of Centre design and implementation.

**Recommendation 4** – The VHA recommends that there should be an operating principle stipulating that the providers of these Centres show that they have the local credibility, connections and services required to ensure that they can deliver the care pathways required for the Centres to be successful.

**Recommendation 5** – The VHA recommends that there should be an operating principle which focuses on the need for these Centres to deliver outcomes and improvements for clients.

### Assumptions

The VHA broadly supports the assumptions of the proposed service model, such as the Headspace distinction of care duties, the recognition of the need for a holistic approach to care and the assumption around ensuring no duplication of care with other local providers. These assumptions help to provide clarity on the role of the Centres and how they will operate in the mental health landscape. However, further consideration needs to be given to the local context in which these assumptions will operate and potential demand on the Centre.

While these assumptions are based on the population cohort of local communities who would use the services offered by the Centres, there is little mention of this in the assumptions. The regional variation assumption is correct, but it is too limited; there needs to be a more explicit assumption that these Centres will meet local community needs that are aligned with the broad operating principles, and will adapt to do so. Local variation needs to be a core component of the national framework of these Centres before tendering; otherwise effective use of resources may not occur afterwards. An example of this is the out-of-scope services that the Centres cannot deliver; as one VHA member highlighted, care delivery needs to be close by to these Centres as referring beyond the immediate location of the service would lead to drop-outs. The Centres would need to have the option to do what is needed to reduce drop-out rates – this could include longer-term care delivery in the Centres, even if it is not provided by the Centre.

There should also be another assumption which acknowledges that these Centres will not be able to meet all mental health needs. The expectations are too high and wide-ranging; these Centres are meant to be able to provide assessments, pathways, information, immediate care for those in distress, and short-to-medium episodes of care. This is a huge spectrum of care, especially when there is likely to be huge need for these services; only half of the 1.2

million Victorians who experience mental illness access Commonwealth-funded or Medicare-subsidised mental health services, while there was an 11.5 per cent increase in mental health presentations at emergency departments from 2015-16 to 2017-18. The initial funding for these Centres is \$114.5 million over 5 years between 8 Centres; an average of approximately \$2.9 million per annum per Centre. This is not a realistic funding amount to deliver the care these Centres are assumed to deliver.

**Recommendation 6** – The VHA recommends that there is an assumption that these Centres will adapt to meet local community needs that are aligned with the broad operating principles.

**Recommendation 7** – The VHA recommends that there should be an assumption which acknowledges that these Centres will not be able to meet all mental health needs.

### Core services

Based on the consultation with members, the VHA broadly supports the core services. However, while these core services are appropriate, as already mentioned, the expectations on these Centres are too high and wide-ranging, even just with these core services.

This means that there should be greater latitude for the local providers to deliver these core services. Local providers should be enabled and supported to make local decisions on core service deliver that suit the local environment. An example includes if it is more appropriate to sub-contract or to host an element of these core services in a separate location, perhaps to help ease clients concerns over stigma. These Centres will still be the fulcrum for these core services, but there should not be the rigidity to have deliver these core services in-house. Instead, the expectation should be that all Centres deliver these core services, and that they are delivered through the mechanism that best suits local circumstances.

**Recommendation 8** – The VHA recommends that local providers should be enabled and supported to make local decisions on core service deliver that suit the local environment.

### Out-of-scope services

The listed out-of-scope services are clearly explained, but their exclusion reiterates the need to include other elements in the principles and assumptions which will underpin the Adult Mental Health Centres.

The protection against duplicating other local services, which means these Centres needing to refer to local services, means that local knowledge, partnerships and integration are essential to the success of these Centres. As mentioned above, this means there should be an operating principle which recognises that providers need to be able to deliver care pathways, as well as a focus on the attributes of providers.

### Inclusive support and treatment

The service model, as proposed and with the additions highlighted in this submission, should ensure 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. The VHA welcomes the acknowledgment of peer workers and culturally appropriate support in the service model.

However, a missing element to ensure that these Centres are inclusive is the need to acknowledge outreach in the service model. Without appropriate outreach into the communities that these Centres serve, there is a risk that vulnerable groups of people will be overlooked these Centres. This is a core component of ensuring these Centres are successful. For example, in Corio there are substantial Aboriginal and Torres Strait Islander populations, which have not traditionally engaged with local traditional mental health services. While this must be an element that is developed in the local tendering of the Corio Centre, it should also be part of a nationally consistent approach; all Centres would benefit from national as well as local outreach. This is why the VHA recommends the operating principles must be more explicitly focused on meeting the needs of these Centres local communities.

## National branding

In terms of national branding, it is important to recognise what it needs to be able to achieve. Consistent national branding will ensure that these Centres are able to lessen the demand on local hospital Emergency Departments, and are recognisable and trusted by people in distress. Consistent national branding should also deliver confidence to communities that these Centres are the 'single door' that users should approach to access mental health support.

For this to be achievable, a nationally consistent approach to names, logos and appropriate signage and advertising must be clear, so that local populations know that this is the place to receive or be directed to appropriate care.

However, members highlighted that as important as the branding to achieving the change in community behaviour will be the practicalities of the Centre; this includes the location of the Centre, outreach and the partnerships that the Centre has.

**Recommendation 9** – The VHA recommends that there is a nationally consistent approach to names, logos and appropriate signage and advertising, so that local populations know that this is the place to receive or be directed to appropriate care.



### For further information contact

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