

Comments on Federal Department of Health's Consultation Paper re Trial Adult Mental Health Walk in Centres, contributions from several members of CMHF.

Overview

The consultation paper is quite a comprehensive document which covers many aspects of how the Adult Walk in Centres will operate.

Scope of Centres

- There is a very welcome intent to focus on holistic care including mental and physical health, drug and alcohol issues and related matters such as housing.
- Also, a very welcome focus on centres being open for extended hours, and hopefully on weekends as well.

Information sharing

Sharing of information will need to be an essential component on these centres, if clients are really only going to 'tell their story once'. Many people have very complicated stories and complete many 'risk assessments' for suicide ideation – so reducing this burden should be a central focus but excellent coordination and access to existing case managers will be key. The centres won't work if they become just another agency to be referred to.

Roles of consumers and carers

In the technical advisory group of 16 plus an observer, there appears to be just 1 each of consumer/carers reps. Is this acceptable in an age of lived experience leadership? There is reference to further consultations at local levels and codesign for the actual service, but a lot of what will happen and how, is pretty prescribed in the paperwork already.

It is important that there be ongoing strong consumer/carers involvement in all aspects of these trials and at all levels.

Funding

Is the funding sufficient for the number of services (8) and the period of operation (5 years)? There is \$2.8m per service per year provided, not taking account for any of the money being used for central purposes such as evaluation, national coordination. Given the range of services and staff suggested, the capital costs of probably a new purpose built building and associated equipment, digital technology, administrative costs, running costs and staff salaries and training for a range of highly qualified staff, extended hours etc it does not seem sufficient.

Has a 'typical budget' for a centre been put together?

ACT should not have to contribute to the costs of this Federal initiative.

If the evaluation of the trials is positive, will funding be provided by the Federal Government for continuation and expanding the services beyond the 5-year trial as foreshadowed in the consultation paper?

Principles

The so-called principles are more like operating instructions. They refer to a "no wrong door", but services exclude a wide range of people with mental illnesses eg

- people in need of urgent emergency department care;
- those brought by police or ambulance referrals (what does this mean for those seen by PACER which require immediate specialised assistance but not necessarily through the ED?);
- children and youth under 25 years old (whose needs could be provided more appropriately by Headspace or other specialised children or youth mental health services (ACT youth and adolescent service is available only to those up to 18 years. There is a catholic care young persons service, for 15-25 years old, but this does not seem to deal with complex enduring mental illness or comorbidities. Similarly, Headspace is not suitable for this group.

It will be important to make the scope of the services available well understood throughout the community.

Perhaps there should be flexibility in the so-called principles to enable each jurisdiction to determine what combination of services would be best to complement existing services, provided all services were consistent with overall aims of the project.

Workforce

Where are the workforce plans associated with establishing these centres to ensure sufficient high-quality staff without taking them away already pressed existing services? There is a nation-wide shortage of qualified mental health staff and a big growth in need for mental health services.

What role is envisaged for peer workers and how will they be trained and supported?

Evaluation

While stating the evaluation framework will be developed later, the suggested outcomes for evaluation are quite limited.

There is no mention of consumer/carer input into devising the evaluation framework, overseeing the evaluations or in assessing the evaluation results. Their involvement is vital to ensure their perspective is fully recognised in the evaluations

It is important to clearly define what constitutes success.

The consultation paper is very focussed on the immediate impact of the service provided and are mainly process orientated with no mention of longer-term impacts on consumers' mental health and well-being. The evaluation framework and indicators of success should be designed prior to the trials commencing.

Are there similar services elsewhere in Australia or overseas which could offer evidence about the benefits and pitfalls from such a service and provide ideas about how these trials might be effectively evaluated?

It will be difficult to assess whether or not a reduction in inappropriate ED use has been achieved with rising needs in the community generating increased use of EDs.

Will the evaluation include following up consumers who have been referred to other services, including private sector ones, to see what the outcome was for them?

How will confidentiality of service users be protected in the evaluation?

Other Specific concerns

- There might be a mismatch between the vision of a welcoming, calm, safe, friendly and welcoming service and the mix and range of users proposed (eg culturally appropriate for ATSI's and others, people with mental illness and drug and alcohol comorbidities, all ages from 25 upwards). Can it be all things to all comers?
- Assumptions about the ready availability of urgent medical attention beyond the capacity of the centres to which consumers can be transferred might be very optimistic for ACT given the bottlenecks that exist here.
- There's a big focus on digital mental health services which can be accessed at the centre or from elsewhere. There is no mention of the difficulties that many people with mental health problems might have in accessing or using such technology and how these can be minimised.
- It seems that the centres might be able to fast track their users into other services such as emergency hospital care/admission. Does this imply that they will get preference over people in need of such care who have gone directly to the ED and are caught up in long waiting times? How can this be justified?
- It talks of the centres using terminology like crisis and distress rather than mental illness/mental health problems. This might encourage people without mental health problems to seek help for other crises eg homelessness, domestic violence. It will be necessary to make it very clear to the general public what the target population is for these facilities.
- The paper recommends centres should be close to a major public hospital and accessible (eg on a bus route). While this is understandable, the greatest need might be in areas less central than the location of major hospitals and with limited public transport options.
- Services provided at these centres are at no cost. There is provision for the centres to have arrangements with other services to which the consumers can be referred. Will those associated services also be required to provide no cost services (eg private psychiatrists and psychologists whose gap costs place them out of the reach of many people with mental illness)?
- Will the centres have independent financial audits to ensure they are not using external providers to minimise their own costs, by referring consumers to private providers with out of pocket costs for consumers while inflating centre staff salaries or other benefits for staff? Similarly, will there be limits on administrative/property costs etc to ensure maximum funding is available for services?
- Will there be shared records between the centres and other services (public, private and NGO) to which they refer people which are available if a consumer re-visits a centre subsequent to a referral elsewhere?
- How will the Centres ensure cooperation and overcome professional jealousies and resistance as the new kid on the block? A lot of work will need to be done in each jurisdiction to ensure this service is not duplicating the services provided by others.