

05 October 2021

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By email: [katherine.whetton@health.vic.gov.au](mailto:katherine.whetton@health.vic.gov.au)

Dear Katherine,

I am writing to provide further feedback regarding the Local Mental Health and Wellbeing Services (Local Services) as recommended by the Royal Commission into Victoria's Mental Health System (the Royal Commission).

As a core community initiative of the reformed mental health and wellbeing system, the new Local Services will be a foundational pillar of the Royal Commission's reform agenda. Getting their establishment right is therefore critical to the successful roll-out of reforms across the system.

This letter contains advice on the essential elements that must be included in the planning and design of the service model for the Local Services and is based on feedback from consultations with MHV's Lived Experience Advisory Group, member organisations and the Service Reform Advisory Network (SRAN). The SRAN is a network of organisations, peak bodies and service providers, convened by MHV to provide input into key Royal Commission recommendations that relate to service design and delivery.

There are a number of considerations which will be critical to the proper establishment of the Local Services model. In particular, we would like to note that regional devolution of decision-making is important to ensure Local Services meet the needs of local communities. However, care must also be taken to avoid the risks of state-wide inconsistencies, duplication of efforts and/or service gaps that are likely to arise under a decentralised approach to decision-making. To mitigate these risks, MHV would like to highlight the importance of:

- fidelity to a state-wide model
- centralised governance to balance regional devolution
- incorporation of lived experience at the model's foundations
- the expectations around a person's experience from entry to exiting a service
- embedding of diversity considerations at the model's foundations
- development of a suitable workforce to deliver services
- integration of services within and between the model and other services.

If these elements can be ensured, the Local Services will have the potential to reinforce the new mental health and wellbeing system with a strong basis in the community. Only in this way can we ensure that this historic opportunity to improve the mental health and wellbeing of Victorians will be utilised.



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## **Model fidelity**

A clearly defined model for the new Local Services will be critical to their success. In an already complex system, the introduction of new services with poorly defined roles and responsibilities risks making the system only more complex and difficult to navigate. The outcomes of the tendering process for the Local Services will be greatly improved if a clear role or model is identified at the outset.

The model of the Local Services should cohere as far as possible with the model adopted by the Federal Government for its trial of Adult Mental Health Centres (AMHCs). The Local Services and AMHCs share many objectives in common, and this coherence provides an important opportunity for co-funding and a chance to improve alignment between state and federal initiatives. Ensuring that the two models work coherently is also essential for national consistency in service access, safety and quality, with flow-on benefits for public trust.

Given these factors, it is essential that the model for the Local Services be developed early on, and with sufficient clarity, to inform the individual development of Local Services across the state. Parts of the model which require clarification before regional devolution are outlined below.

### *TARGET POPULATION*

At a minimum, the target population should be clearly articulated, ensuring:

- a non-exclusive approach is taken, including flexible management of age-based boundaries
- clarity is provided regarding matters of severity and complexity (which will bear on the supports and interventions to be provided)
- consideration of the varying needs of people within the target population, including short-term single-episode needs and long-term fluctuating needs.

### *PURPOSE*

Identification of clear purposes is important, such as:

- providing a welcoming entry point into the system
- providing holistic, person-centred, wrap-around supports
- engaging, supporting and connecting with families and carers.

### *LIVED EXPERIENCE*

The model must capitalise on the value of lived experience, including:

- expanded roles for lived experience workers
- establishment of a model of care based on lived experience, clearly articulating the role of lived experience workers in the spectrum of supports and when clinical expertise is required
- ongoing co-production and lived experience feedback to inform service design, delivery and evaluation
- embedding of consumer choice and control in all stages of service delivery

- trauma-informed guidance to inform facility design.

#### AVAILABLE SUPPORTS

Clarity regarding the supports and interventions to be provided through Local services is also required, including:

- the suite of services to be made available, with proper delineation between supports provided through Local Services as distinct from Area Services, emergency services and other existing services
- standardised assessment tools, protocols and classification scales to be used where appropriate, including requirements for integrated assessments to identify other wellbeing needs (e.g. physical health, AOD, family violence/MARAM, cultural needs, whole-of-family needs, etc)
- integrated service options such as health justice partnerships
- processes that allow consumer choice and control in the selection and timing of supports and interventions
- careful consideration and articulation of out-of-scope supports for Local Services
- comprehensive suite of optional service considerations for in-reach (e.g. Centrelink, employment services, family violence services and carer supports)
- interaction between wellbeing supports and the NDIS.

#### SERVICE CONNECTIONS

Consideration must be given to how Local Services can connect with other services, including other Local Services, encompassing:

- a no-wrong door approach welcoming anyone with any problem
- the provision of short-term supports and warm referrals for people whose needs are best met elsewhere
- access to a comprehensive range of pathways into other services, including seamless stepped care pathways into Area and specialised services
- processes for “warm referrals” out, including check-ins from a single worker
- ongoing coordinated/shared care arrangements where required
- data-sharing frameworks between Services, and integration with existing frameworks such as the Family Violence Information Sharing Scheme
- integration strategies based on clear definitions of integration with relevant sectors and funding sources, and proper utilisation of workers such as care coordinators/social workers
- guidance on commissioning in-house services and developing partnerships.

#### WORKFORCE

Workforce issues that require consideration include:

- multidisciplinary staffing arrangements including:
  - concierge/receptionist role
  - peer-led guide/navigator role (to support people throughout their engagement with a Service, including follow-ups)

- care coordination (to connect service sectors, support people to identify needs, and avoid others performing this role by necessity)
- equitable remuneration of staff
- training and development needs of staff
- appropriate arrangements and utilisation of student placements/rotations
- clear delineation of worker roles between Local and Area services so staff understand these differences clearly, and can act accordingly.

#### *FURTHER MATTERS*

Further matters to consider include:

- performance, monitoring and reporting frameworks
- evaluation processes including at the individual Service-level and the macro model-level
- sufficient and flexible funding to ensure supply meets demand in an ongoing way, preserving community trust
- research and evaluation incorporating lived experience feedback to facilitate continuous improvement, innovation, and further service planning.

#### **Centralised oversight**

While devolving authority to the regional level has significant benefits, these must be balanced with the benefits of centralised/state-level governance and oversight. In particular, centralised governance of the Local Services can help to support model fidelity, ensuring state-wide consistency in service access and quality, as well as accountability and transparency for each Local Service, and the community trust that comes along with these.

Consideration should be given to the interactions between Regional Boards, the Department of Health and the Mental Health and Wellbeing Commission with regard to ensuring effective governance of Local Services, with regard to:

- strategic oversight, direction and guidance, including with regard to core services that must be provided by each Local Service
- quality and safety, including compliance monitoring, reporting and performance management
- evaluation and innovation, at both the service and model level
- risk mitigation and response
- brand management and public awareness
- model integrity.

Expanding on the first point, central guidance is important to establish before any tender documents are finalised to ensure a consistent approach is taken with regard to matters such as:

- lived experience involvement
- community consultations
- quality and safety

- performance, evaluation and measurement
- multi-disciplinary team-based approaches to service delivery
- organisational processes/Service governance
- integration expectations
- training needs and expectations
- cultural values and supports.

The VAGO report on Managing Support and Safety Hubs (2020) demonstrated too clearly the risks of rolling out new services without effective centralised governance. We have an opportunity to learn from this experience to ensure the Local Services do not follow the same path.

### **Lived experience**

Lived experience must be incorporated into the model at its very foundation. This is necessary so that Local Services provide an innovative model that is different to those currently on offer, ensuring that people have an option of care provided by those with the unique understanding that comes from living through mental health challenges. There is also a highly developed expectation from many in the mental health sector that lived experience will be central in the design and delivery of the Local Services.

To ensure the best possible experience for consumers and carers, the model of the Local Services should clearly articulate a person's 'journey' through the service. This journey begins with external visibility of the service and its physical infrastructure, through to a person's entry, greeting, assessment, access of supports and services and exit/referral. This journey should also be based on a "peer first, peer last" principle.

The involvement of people with lived experience in the oversight and evaluation of the services must also be considered.

People must be able to access Local Services easily and safely. This requires consideration of:

- non-stigmatising advertising of Local Services
- trauma-informed infrastructure including open areas and private alcoves, abundant natural lighting and garden spaces.

People with lived experience must also be involved in the broader administration and oversight of Local Services. This requires:

- explicit recognition of the value of lived experience and a commitment to co-production, including in relevant documents, communications to staff, and recruitment processes
- clear articulation and facilitation for an individual to play the central role in their own care, including identifying goals, understanding interventions, exercising choices, participating in a living plan (reviewed throughout each treatment episode and continuing beyond an individual's involvement with the Service) and having input into evaluation processes

- ongoing co-production of service design, delivery, recruitment, evaluation, governance and other processes
- appropriate language used in all spaces.

### **A welcoming experience**

Entry into a Local Service must be characterised by a welcoming “soft entry” that:

- accepts everyone with a “no wrong door” approach, regardless of an individual’s presentation or meeting or not meeting eligibility criteria
- focusses on making the person feel welcome without an immediate assessment/service response/referral unless the person wants it
- allows people to simply access resources or have a chat without feeling pressured to progress through a service pathway
- simplifies intake requirements and allows people to move through them at their own pace
- incorporates non-traditional supports, such as offering tea/coffee, a selection of spaces, unstructured conversations etc to build trust and safety
- provides alternative entry pathways for the individual to choose, including virtual check-ins, concierge greeting and traditional receptions
- includes different physical spaces attuned to different groups (e.g. a place to welcome families might be different than one for people presenting with AOD issues)
- is provided by suitable workers, with peer workers providing a useful resource
- is based on a customer-focussed or hospitality approach
- welcomes carers, families and supporters.

### **Planning for diversity**

Devolving decision-making to regional Boards has the potential to provide important benefits for consumers and carers from diverse backgrounds/with diverse needs, as Local Services will be able to cater to their local populations. However, for this to work in practice, diversity considerations must inform the design of the Local Services at a state-wide level, with actions across the following areas.

In addition, while the following suggestions will help to ensure Local Services are culturally safe and appropriate, at least some of the 50–60 Local Services should be directly controlled by diverse communities including Aboriginal and Torres Strait Islander peoples and LGBTIQ+ people. This is essential to ensure people have a genuine choice to access services from their own community if they need.

#### *PLANNING NEEDS*

Local Services cannot simply be expected to provide for diverse needs. They must be supported to do so, with the establishment of each Local Service requiring:

- specific inclusion of diversity requirements/considerations in the tender process, including a demonstrated capacity to consult with diverse groups in meaningful, ongoing ways
- access to robust data about local population demographics (perhaps necessitating associated changes to government data collection processes)
- ongoing access to supports to help with diversity goals, including strategic support, state-wide training programs and accreditation funds.

### SERVICE DELIVERY

In delivering services, each Local Service must be able to:

- provide safe and inclusive care by a trained and diverse workforce
- tailor their approaches to the individual, including through accommodation of cultural and other requirements
- provide safe and inclusive physical spaces (encompassing gender-neutral toilets, Changing Places toilets, prayer rooms/reflection spaces, hearing loops, etc)
- ensure all language is safe and inclusive, including all forms, welcoming signs, advertising material, etc
- provide additional services as required to accommodate people from diverse backgrounds/with diverse needs, including interpreter services and translated materials through innovative models and approaches.

### CONNECTIONS

Local Services must have ongoing, meaningful connections with:

- local communities, including representative organisations, cultural leaders and spiritual leaders, to ensure they listen and are accountable to all communities within their region
- transcultural experts and specialists to provide advice where appropriate
- service providers in sectors that may be commonly utilised by people from diverse backgrounds/with diverse needs, e.g. domestic violence services, disability services, etc.

### WORKFORCE

To support all of this, the staff of Local Services will require:

- ongoing access to training, as well as supervision and reflective practice to implement the skills and knowledge gained
- support to ensure the workforce reflects local diversity at all levels (including governance levels/leadership) with a particular emphasis on people with experiences of diversity and mental health
- pairing of consumers with workers from one or more of their communities
- roles to address specific community needs, e.g. bicultural workers for CALD communities, outreach workers for at-risk groups, and childcare workers (including by in-reach services or external partnership) for parents.

## Workforce

No new service will provide a tangible benefit to the system without strategic efforts to ensure its staff are appropriately trained, retained, sized, skilled and supported to deliver the services required. In particular, an enhanced role for peer/lived experience workers is important, along with other workers traditionally underutilised in mental health, like social workers, to ensure Local Services present a model of care that differs from others already on offer.

For further details, please see attached KPMG report commissioned by Mental Health Victoria in 2019. This report details a concept for adult community mental health hubs, including workforce model and costings. This model was developed in collaboration with consumers, carers, community health organisations, hospitals, peak bodies and other mental health sector stakeholders, and may provide a useful reference point for development of the Local Services workforce model.

Centres must be able to identify workforce needs and recruit a sufficient number of suitably trained professionals across all relevant disciplines. National and Victorian efforts to develop segments of the workforce must occur in tandem, along with a plan to address broader workforce shortages in the short- to medium-term, noting that there is likely to be fierce competition for staff as workforce development lags behind service expansion.

## Integration

Integration within and beyond the Local Services is critical to facilitate the provision of holistic, whole-of-person care with a “no wrong door” approach to access. This requires:

- a shared definition of integration to inform the model and design of Local Services across regions
- internal operations that maximise connections between different workers, supports and services to provide continuous care to internal consumers
- formalisation of service connections, referral pathways and secondary consults with other services within and beyond the broader mental health and wellbeing system, based on local/regional service agreements (including emergency services, domestic violence, education, employment, housing, income support, AOD, primary care, family support, settlement, etc).



## Conclusion

At this historic time, we must get the overarching model for Local Services right before the regional devolution of decision-making. Effective use of this early time is critical to capitalise on the incredible opportunities the Royal Commission affords us.

Local Services lie at the core of the entire reform agenda, with the effectiveness of this agenda relying heavily on the success of these Services. This time is critical to ensuring that Victorians can access services of consistent quality across the state, with flow-on benefits for consumer confidence, system navigability, and opportunities for state–federal cooperation, not to mention the wellbeing and recovery of Victorians. Getting this wrong risks losing much of this potential.

We therefore recommend that, before regional devolution proceeds, the model for the Local Services is clarified with specific regard to:

- the role of central governance in supporting a regional network of Local Service
- the model of care to be implemented in Local Services, with suitable guidance provided to regional decision-making authorities
- the experience one can expect from entry to exit of the service
- the incorporation of lived experience into all aspects of the model, including all stages of service delivery
- the incorporation of considerations to support diverse needs into the model
- suitable preparation to ensure services are staff by a multidisciplinary workforce that is appropriately trained, retained, sized, skilled and supported, with an enhanced role for peer/lived experience workers
- a shared definition of integration and associated supports for Local Services to facilitate integration within and between their services and others.

MHV trusts that this feedback from the sector is useful, and welcomes any further opportunity to provide more detailed advice.

For further information on this submission, please contact John Foley, Director, Policy and Advocacy on (03) 9519 7000 or [j.foley@mhvic.org.au](mailto:j.foley@mhvic.org.au)

Sincerely,



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