Initial community insights for an adult mental health centre in Launceston

The first step towards opening the Launceston adult mental health centre took place in mid-December 2020 with a stakeholder information session held in Launceston.

Primary Health Tasmania organised the information session to:

- provide an overview of the initiative and what it aims to achieve
- outline next steps and timelines
- provide details about the upcoming consultation process and begin collecting initial insights.

This document explores the final dot point by summarising the valuable – and much appreciated – themes and ideas put forward by those who attended the session.

As talked about on the night, the Australian Government has developed a detailed service model that sets out the intent, key elements, and core services to be delivered by the centre. This service model will be used by all eight Primary Health Networks involved in the trial to ensure consistency in the establishment and implementation of the centres nationally.

The service model also recognises the need for local variations to ensure the centre and the service it provides best meets community need. Information gathered through consultation is essential in informing the local application of the service model and will also be considered in the broader mental health system reform work described in the *Rethink 2020* strategy.

You can find a copy of the Service Model for Adult Mental Health Centres here.

You can read a full account of the feedback gained from the session at the end of this document.

What we heard about…

...the aesthetics and design of the centre

When asked about the **aesthetic** and **feel** of the eventual centre, the feedback was clear: this facility should be **warm**, **welcoming**, and **safe**.

Suggestions included a strong sense of the natural world captured in the décor, calming music and soft lighting, and approachable staff who are wearing plain clothes as opposed to 'clinical' uniforms.

Feedback told us that these aesthetic choices are more than window dressing; rather, it's about creating a space that doesn't look traditionally 'institutional', and one where people feel validated by an atmosphere of **compassion**, **kindness**, and **empathy**.

Regarding the actual building itself – the question of walls and layout – the feedback strongly supported a place that is easy to **access** (including for those living with a disability), **safe**, and clearly **identifiable** with accurate and informative signage. Private nooks for discreet story sharing, sleeping pods, and space for people with children were some of the other ideas put forward – essentially, a place that doesn't look or feel like a waiting room.

What we heard about…

...the way the centre should work

When it came to brainstorming what people want the centre to offer service-wise, there was a strong

emphasis on **safe**, **coordinated**, and **accessible** care.

Another concept also cropped up multiple times: **choice**.

People want to be able to access the care and support they need in a way that suits them, including holistic options such as alternative therapies (e.g. art, music, and spirituality), telehealth options, and quick, easy referral to support services.

Critically, feedback also emphasised the importance of ensuring the centre is welcoming and accessible to people from **culturally** and **linguistically diverse** populations by providing translation services and ensuring staff are trained to provide care through a culturally informed lens.

Some other key insights included:

- a 'concierge' staff member who may act as low-level triage – perhaps a peer worker
- secure and effective data collection and storage, so people don't have to tell their story over and over again
- outreach and in-home support
- on-site medication advice with on-call support for after-hours staff.

Regarding the theme of after-hours care, feedback supported the idea of a centre that has extended opening hours, if not 24/7 availability, in some form.

What we heard about…
...supporting services the centre could link to

Attendees reinforced the importance of **connecting** the centre to other key health professionals and organisations in the Launceston community, such as GPs, peer support groups, financial planning and social security support, and pharmacy services.

Those particular examples, cited above, are for co-located services. But attendees also gave valuable suggestions for the types of organisations the centre could link and partner with, including:

- alcohol and other drug services
- counselling and psychotherapy services
- migrant and refugee support services, such as the Migrant Resource Centre
- City of Launceston Council
- emergency services, including police
- education and training providers.

Beyond this, feedback suggested it would be beneficial for the centre to have some kind of relationship with other organisations such as family planning services, peak bodies, the National Disability Insurance Scheme, and literacy services to name a few.

What we heard about…
...the people who may work at the centre

Under the national service model framework, the eight centres taking part in the national trial are encouraged to employ a **multidisciplinary workforce**. This means that staff should have a **range of skills and roles**, such as **peer support workers, mental health nurses, care navigators, Aboriginal health workers**, and more.

When asked about the ideal workforce for the eventual centre, attendees supported this multidisciplinary approach, suggesting **nurse practitioners, students** and **graduates**, and **childcare workers** could also be included in the mix.

Feedback also homed in on the sorts of qualities this workforce might have, beyond their professional titles. Attendees supported the idea of a staff that is, on the whole, diverse (e.g. a mix of genders, age, cultural backgrounds, lived experience), multiskilled, and trauma-informed.

On the specific theme of peer workers, attendees stressed the importance of making sure they are not used

in a tokenistic way, and even put forward the suggestion of bringing peer workers with a range of specialties to support partnered services (e.g. alcohol and other drugs, family violence, mental health).

Want to know more?

Primary Health Tasmania would again like to thank all who took part in the information session on 15 December for their significant time and contributions.

This was just the first step in our community consultation process – keep an eye on our website (www.primaryhealthtas.com.au) to stay informed about next steps.

Full feedback from 15 December stakeholder information session

Question 1 – Look and feel

Aesthetic/feel

- Soundproof areas
- Soft/dimmable lighting, well-lit with sensory considerations
- Soft furnishings
- Non-confrontational, no intimidation or harassment
- Mindful
- Feel validated, compassion, empowerment, kindness and empathy
    - "compassion is action on empathy"
- Feeling of safety
- Respect for personal space through language and behaviour
- Welcoming, with guidance for navigation of centre for initial engagement
- Calm music
- Plain clothes – non-clinical
- Warm environment
- Pleasant smells
- Feeling of nature – use of blues and greens in decor

Build design

- Use circles – circular design, hub-and-spoke style with no hard edges
- Safe and private spaces for story sharing, lounges
- Signage that clearly describes the service
- Visual screen at welcome
- Concierge station not behind a desk – front-of-house welcome required
- Easy access – including access to parking
- Safe space to make tea and coffee, biscuits, lunch
- Library nook – space to read a book
- Sleeping pods
- Capacity to receive and triage
- No waiting room environment – pod-based
- Family space with access to support
- Childcare space
- Should not look like a health service – no overload of sensory information
- Green space – lots of plants and vibrancy
- Privacy spaces
- Disability-friendly
- Transport services – close to bus or transport hubs, not a long walking distance from parking or transport
- Free parking
- Waiting room needs to incorporate private spaces

- Capacity to deliver in non-confined spaces

Service needs

- Concierge service –
    - greeting and welcoming, neutral, friendly
    - does not “disappear” – no client left behind
    - low-level triage, peer worker
    - relatable
- Continuity of care – same clinician/person who is your contact in the service
- Data collection and storage
    - Ensuring you only have to tell your story once
    - Better use of electronic health record (My Health Record) – however previous history needs to be uploaded
    - Single identifier for clients
    - Shared information/shared care
    - Managing privacy versus compromising critical care
- Outreach/in-home support
- Transfer to higher acuity services without the need to be re-triaged
- Multicultural consultation
- Clinical team involvement in case management
- Requires plans for exiting clients
- Requires process to reduce trauma
- To act as an alternative for police/ambulance – not just delivery to emergency department
- On call or close to clinicians (if not part of staff structure)
- Ability to provide medication advice on site, with on-call support for after-hours staff
- System to ensure referrals out are to services that have capacity – example given headspace waiting list of three months
- Follow-up – cited virtually no follow-up from current services following a suicidal crisis
- Medicare mental health plans – sessions need to be increased, people run out of sessions, put more emphasis on treatment instead of going to emergency department
- Telehealth options – wide range of options including psychiatrist
- Provide choices – for different ages, ethnic backgrounds, identity
- Easy, quick referral to supporting services
- Food service – to support those who haven’t eaten and are in distress
- Alternative therapies
    - Art therapy
    - Music therapy
    - Religious spiritual
    - Linkages with appropriate services
- Triage – the quick ability to identify a mental health problem or a physical health problem
- Need to build a whole culture and value set
    - Compassion
    - Empathy
- Not only humans
    - Animals
    - AI (artificial intelligence)
- Digital options

Operating hours

- Needs to be available 24/7 – especially if it contains a safe haven component
- Extended hours – 5pm-10pm

Cultural

- Translator services

    - Speak different/multiple languages
- Access to migrant services
- Language and signage needs to cater to cultural needs inclusive of gender needs such as non-binary
- Culturally appropriate services – the broader the better

Carers and families

- Need to be catered for
- Require acknowledgement in the patient journey
- Education for families and carers

Cost

- Free services

Safety

- Requires security that doesn't look like security

Other considerations

- An environment/staff training that supports people de-escalating
- Pet care
- As a health professional – to feel less "burdened"
    - To feel hope
    - To know somewhere is available for clients, particularly after hours
    - To know clients are safer
- Consultation should ensure input from different groups
- Equivalent funding to referral agency
- Training and education
    - Including upskilling of community members

Question 2 – Supporting services

Co-located

- GP
- Pharmacy services (24/7 access) or strong link hospital pharmacy
- Outpatient/support groups, peer support groups with clear access on-site
- Legal aid/advocacy
- Centrelink-type services
    - Employment
    - Psychosocial
    - Housing
    - Emergency relief, etc
    - Within a hub model of shared delivery (e.g. rostered services on different days of the week allowing clients to conduct this business within a known safe space)
    - Not just someone to refer on to the "main office" (seen as a stressor)
- Financial planning – aid

Strongly linked/formal partnership

- Alcohol and other drug services
- Migrant Resource Centre
- Migrant and refugee health
- Police and emergency services
- Counselling services – grief, trauma
- Council – work to gain agreement for cost concessions e.g. rates, roads, rubbish, transport options including taxi vouchers
- Patient transport
- Universities for research and to access students for clinical placements

- RSL – high need re post-traumatic stress disorder (PTSD)

Relationship

- Family Planning
- Peak bodies – e.g. COTA (Council of the Ageing)

Other (type of relationship not specified)

- National Disability Insurance Scheme (NDIS) services – including linkage to internal support and outwards to complex needs services
- Dental services – access to affordable options
- Mental health nurses
- Recovery planning to facilitate introductions
- Sexual health – including sexual assault, gender identity
- Domestic violence
- Aged Care Assessment Team (ACAT)
- Family services – no services available for 6-12year olds, family therapy
- Literacy services
- Community liaison and coordination
- 'One Stop Shop' to assist navigation of the 'service jungle'
- Follow-up services – suicide attempt, violence/protection
- Training and education (free courses for clients, carers and families)
- Podiatry, optometrist, dietitian
- Social groups – breaking down barriers
- Respite services
- Music therapy (while waiting, or as sessions)

Question 3 – Workforce

Particular workforce needs

- Good management
- A concierge
    - Can triage/determine if a person requires a safe space and provide information (no iPad)
    - Concierge needs to be welcoming and approachable
- Nurse practitioners
    - Mental health nurse practitioner
    - not always needing GPs
- Navigation support person/case navigators
- Diversional therapist and/or support groups including –
    - Cooking
    - Budgeting
    - Peer-led groups
    - Pain management
    - Hearing voices group
    - Wellness
    - Sports
    - Gyms supported by peer worker who can guide and plan with client
- Multidisciplinary teams incorporating allied health –
    - GP, including registrar
    - Nurse
    - Social worker
    - Psychologist
    - Occupational therapist with mental health specialty
    - Speech pathology
    - Movement (exercise)

    - Family therapist
- Community/social workers
- Peer workers/lived experience workers
    - Paid
    - Not tokenistic – more than one
    - Peer work pathways/structure
    - Peer workers from more than one area e.g.
        - Alcohol and other drugs
        - Mental health
        - Post-natal depression
        - Suicide
        - Family violence
        - Holistic approach
    - Ability/safety to be themselves and speak
    - Mentors/supervision
    - Work as part of the team
    - Wellness of the peer worker
- Interpreters
- Diverse workforce, including
    - Genders
    - Age
    - Cultural background – the broader the better
    - Hearing and sight
    - Disabilities
- Student/graduate workforce
    - Become a teaching centre
    - Structured mentoring
    - Clinical and tertiary learning linkage and partnership
    - Fund scholarships
    - Nursing
    - Social worker
    - Registrar GPs
- Tertiary/university integration and connection
    - Placements
    - Incentives
    - Teaching and training environments
- Aboriginal health workers
- Multi-skilled/trauma-informed workforce
    - Alcohol and other drugs specialty team
    - Sexual
- Administration staff
    - Can be upskilled to deliver some of the services
    - Multi roles
    - Familiar with clients/build rapport
    - Connected to people and available services
    - Appropriately trained

- Migrant/culturally and linguistically diverse (CALD)/refugee liaison role
- Child carers

Workforce education

- Access to courses and education
- Train the trainers
- Building capacity

Other workforce considerations

- Require identification – “soft badging” so clients know who is who
- HR+
- Workers with a mix of experience and passion for the job
- Staff support/Employee Assistance Program (EAP)

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