HEAD TO HEALTH

Our Philosophy of Care

1800 595 212

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Introduction

Our Philosophy of Care is a framework designed to inform and guide the care provided through the Head to Health services being established in Tasmania.

Head to Health adult mental health centres are being established across the country as part of an Australian Government program delivered through Primary Health Networks (PHNs), including Primary Health Tasmania.

These services will aim to improve access to mental health and related support services and reduce demand on hospital emergency departments.

They will complement – rather than replace or duplicate – services already provided in the community and will connect people with other local services for ongoing care.

Tasmania's first Head to Health centre started operating in Launceston in January 2022, and the Australian Government has committed further funding to establish services in Burnie, Devonport, and outer Hobart.

Primary Health Tasmania is responsible for establishing and overseeing operation of the Head to Health services in Tasmania. This has included undertaking consultation to help shape services and to inform a philosophy of care to ensure services best meet local needs.

A Philosophy of Care was developed for the Launceston Head to Health centre in 2021 following extensive local consultation by Primary Health Tasmania and health and public policy consultancy Siggins Miller.

This document is the Philosophy of Care for the new services. It draws on the Launceston centre Philosophy of Care and is also informed by local community consultation.

Purpose of this document

This Philosophy of Care is intended to guide the initial design, implementation, and continued management of Tasmania's new Head to Health services in Burnie, Devonport, and outer Hobart to ensure they align with the needs and principles identified by the local communities they will serve.

The community members consulted reiterated it was important to them that the principles and values in the Philosophy of Care were seen, felt and experienced through the service's physical design, ways of working, and by the people who experience the service. This included those with lived experience, carers, families, and the community as a whole.

A co-design approach

To develop a Philosophy of Care for the new services, it was important we captured the voices of the local communities where the new services will be established.

To do this, Primary Health Tasmania undertook consultation with community members and other stakeholders in Burnie, Devonport and outer Hobart in December 2022 and January 2023. This allowed people to have a say in determining what was important to them, what goals they had for the new services, and how this might look and feel in action.

The requirements of this piece of work included exploring the following key subject areas:

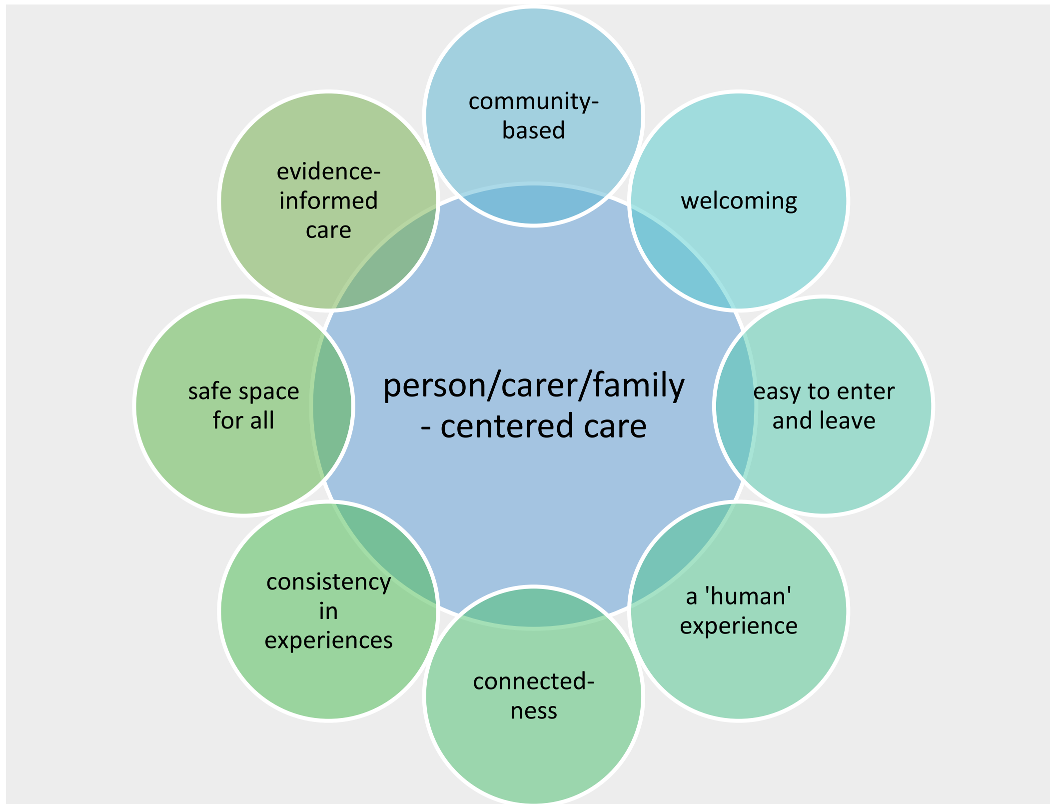
- **Developing a Philosophy of Care** – do the goals and values outlined in the Launceston Philosophy of Care also work for your area? Are any changes needed?
- **Look and feel** – what important design features should be incorporated to ensure your local service is welcoming, safe and appropriate for adults (whatever their age, gender, ethnic or religious background), considering the local population?
- **Supporting services** – which other services are key to the success of the local Head to Health service?

Workshops, one-on-one sessions and a website survey provided individuals with an opportunity to give their insight and input into the development and direction of Head to Health services in the Burnie, Devonport and outer Hobart communities, including the principles they felt should underpin the services.

Our Philosophy of Care

A number of principles emerged from consultation with the local communities. These principles are shown in the diagram below and explained in more detail in the following section of this document.

The consultations identified that the numbered diagram in the Launceston Philosophy of Care gave the impression of importance or ranking of principles. As a result, numbers were removed in this visualisation of the Philosophy of Care.



Connected care

Stakeholders felt strongly that the services needed to adhere to the principles of connected care, recognising the needs of the individual, carers and family using the service, their circumstances, and experiences. They emphasised the view that health care is not 'one size fits all', but rather meets the unique needs, preferences and values of clients and their support networks, as well as respecting their autonomy and independence.

What do communities expect to see?

- Respect and accessibility – Clients, carers, and families and friends have a fundamental right to person-centred health care that meets their unique needs, preferences and values, as well as their autonomy and independence. Person-centred care should mean that ultimately, the services are accessible to people from any background, demographic, experience, or walk of life.
- Support – Clients, carers, and families and friends should expect to have access to quality healthcare services that are appropriate, safe, and available out of hours. Services are to include face to face, telehealth, and community outreach. The care offered within the services should build on and boost the people and places that already support clients, carers, families and friends within the community and should ensure that all clients, carers, families and friends are directed to the necessary services, regardless of their condition.
- Flexibility – It is important the services (and their processes and procedures) can flexibly meet the needs of the people for whom the services are designed.

- Choice and empowerment – Clients, carers, families and friends are encouraged (and able) to participate, to their level of ability and preference, as partners in every step of the care journey and are provided with encouragement and support to achieve the best possible quality of life.

- Lived experience – There should be a strong presence of people with lived experience both as a service user (client/patient) and a carer, family member or friend (support person), as well as peer workers.

- Information – Clients, carers, families and friends should have access to accurate, relevant and comprehensive information to enable informed decision-making regarding treatment and management of their health. There needs to be transparency and openness in communication. Consideration of health literacy, language, age, understanding, abilities, and culture is essential in the development of resources.

A community-based model

It is important to recognise that place matters and each area has its own unique characteristics. This means the services need to be built around the community that they serve. The new Head to Health services should recognise that each local community holds knowledge of the community (the lived experience), about the community (the specific knowledge of the local area), and for the community (what works or doesn't work in our area).

A community-based model will deliver a service that is partnered with, guided by, and focussed on the local community's priorities.

What do we expect to see?

- Services that serve their surrounding communities and have a focus on local priorities.

- Continual improvement of the services is guided by the voice and knowledge of the local communities.

- A model that promotes local leadership and champions who help to leverage community assets, form and maintain local partnerships, and mobilise communities.

- A commitment to the development and growth of local resources, capability and capacity – including the workforce.

- A model founded in transparency with shared governance, evaluation and accountability.

Welcoming for all

Each new Head to Health service will be a place where anyone feels welcome and can engage in a way that best suits their individual needs. The physical design and the services on offer should work to reduce as many barriers to people accessing the services as possible. This includes the services' commitment to connected care as outlined above.

What do we expect to see?

- No wrong door – Even those who might not be eligible for services should be welcomed and navigated to the services that best suit their needs.

- Welcoming and warm – A warm atmosphere where people are greeted on entry.

- Accessible – The capacity for discrete entry points to the services.

- Inclusive – Services that are welcoming of all diversity. Environments where all people feel welcomed and safe.

Easy to enter and leave

Many stakeholders, especially those with lived experience, spoke to the challenges they have faced

with accessing health services. One key barrier was that these services often left them feeling trapped, where they felt they weren't able to come when they needed to and/or leave when they wanted to.

The idea of having services that are easy to enter and easy to leave was seen to be critical. This principle supports the connected care approach that is safe and empowers the client with an ability to choose.

What do we expect to see?

- Discrete ways to enter the services – such as many entry points and soft exits (e.g. letting staff know you have arrived and are outside) – and the ability to just come and sit for a while.
- No threats or negative consequences or actions for leaving.
- Warm and actively supported referral out of Head to Health services to other providers and services, with the services keeping in touch throughout the process.
- A space where there are no long waiting times to receive support.

A 'human' experience

All people deserve to be treated with respect, dignity, honesty and authenticity. This should be clear in the way they are welcomed in the services, receive care, are referred to other services, and leave the services.

What do we expect to see?

- Respectful and empathetic care from all staff within the services.
- All clients, carers, families and friends are treated as people and not their illness or condition.
- Staff are actively supported by the services in terms of supervision, professional development and assistance to ensure they can provide the level of empathetic care needed.
- All interactions are followed up and the connections to clients, carers, families and friends are maintained, where possible, over time.

Connectedness

Those with lived experience commented on the lack of a clear pathway through the current mental health system. People can become the most isolated and distressed when things go wrong – both in terms of communication and when clients, families, and carers find themselves in the space that falls between reaching out for help and receiving care from service providers.

What do we expect to see?

- Commitment to the mechanics of integrated health service delivery to support stronger system cohesion and coordinated care. Services to include capacity for warm transfers, particularly for people experiencing high levels of distress who require long-term care.
- Understanding and further development of pathways and processes including health literacy support in facilitating seamless navigation of the mental health system.
- A commitment to fill (or collaborate to overcome) gaps where clients, carers, families and friends are unsupported.
- Ongoing collaboration and co-design with local communities and service providers. Close partnerships with local services to enable an integrated approach to individuals who may require transfer from one service to another.
- Continuous quality improvement activities and evaluation practices.

A consistent and continuous experience

It is important that people can expect to receive the same quality and type of care each time they return to the Head to Health services. This means that irrespective of who greets them at the door, each interaction carries a consistent experience. The importance of a consistent experience was strongly communicated, especially by those with lived experience (both clients and support people), as it meant they felt more comfortable returning to a place each time. Continuity of care was also important in that the same level of connection and empathy should be maintained throughout the time where a client and their support people are engaged with each service.

What do we expect to see?

- Staff who can deliver consistent care.
- Clear clinical and client pathways that are documented and transparent.
- Expectations about what is and isn't available at the services are communicated.
- Staff (volunteer or paid) who walk alongside clients, carers, families and friends, and travel with them through their care journey.
- Seamless and warm referrals between the Head to Health services and other services and supports.

A safe space for all

The Head to Health services should promote safety for all: those with lived experience (both clients and support people), the community, and the staff who work there. This includes a strong commitment to de-escalation, spaces to minimise the impact of distress on others, and a calming environment.

What do we expect to see?

- Staff who can de-escalate situations and manage the trauma of multiple clients at a time.
- Spaces that feel safe, but not clinical or controlled (e.g. do not feel threatening or de-humanising).
- Clear processes and procedures for escalation and de-escalation when needed.
- Trauma-informed care.
- Support and debriefing for peer workers and health professionals working in the services.
- The availability of quiet, dim and private spaces when needed.

Evidence-informed care

The community felt strongly that these principles and the ultimate outcomes of the Head to Health services should be based on best practice in terms of clinical care and evidence of the services' outcomes. It was also strongly communicated that all parts of the services should be continually evaluated and that consumers, carers and the community must have clear channels through which to provide feedback.

What do we expect to see?

- An evaluation framework that includes clear measurement criteria for the services and the principles to ensure they are continually meeting the local communities' needs.
- Transparent annual reporting of evaluation results.
- A strong commitment by the services to continuous quality improvement.
- Simple and clear channels through which clients, carers, families and friends, health professionals, and other community members can provide ongoing feedback.

Notes from the consultations

Under community consultation co-design, important considerations for service providers to consider when developing and managing local Head to Health services.

Look and feel – elements for service and location

The type of service is delivered in line with the National Head to Health Service Model to ensure consistency throughout the Head to Health network. The national model was informed by extensive consultation with clinical services and community consultations and with lived experience input. We can influence the look and feel at a local level.

A workforce development effort with both short- to medium-term impacts and longer-term sustainability goals should be developed and implemented as soon as possible.

Strong links with local healthcare providers – general practices, support groups and pharmacies with a special interest in mental health and alcohol and other drugs - should be established. It would be important to provide opportunities for these services to run sessions within the Head to Health services to ensure holistic care and link clients into a network of local services.

An emphasis was placed on developing and maintaining high-quality, collaborative relationships between the different players in the system. Effective cross-organisational collaboration is critical for:

- Developing responsive services that can address a range of co-morbid/inter-related issues.
- Community education and communication about service delivery.
- Moving toward providing extended hours of service. Communities voiced a need for 24/7 support in all three locations.
- Improving communication between clients and services – value was placed in transparency and openness, continuity of care, and case management.
- Improving system efficiency by minimising redundancy and duplication and simplifying information transfer (e.g. client information systems that operate across services).
- Better collaboration and delivery of resources in a planned manner that ultimately benefits service users. Improving the accessibility and reach of each service - need to support outer communities (for example, telehealth appointment options, consideration of outreach work).
- Supporting warm referrals and referral pathways in and out of the services.

Each community identified the desire for safety for all, a space for quiet or to desensitise, and a location incorporating elements of nature:

- Open space with access to alternative areas - indoor and outdoor, therapy animals, community space for group work or activities.
- Public and community transport options - consider brokerage of travel (taxi voucher, funding)
- Safe space for children if accompanying adults.
- Consideration of the history of the building; warm and welcoming.
- Central access to linked services, allied health assessments, GP or prescribing nurse practitioner and State Government mental health services.

Supporting services

Those consulted understood that the services will be guided by the National Head to Health Service Model. The new Head to Health services will differ from the activity delivered through the Launceston

Head to Health centre due to their structure and resources but will still be expected to deliver the core elements of the Head to Health service model.

Other community suggestions included:

- Provision of space where services that are not health-specific could be co-located on a pop-up basis (e.g. hairdressers; financial advisors; housing, employment and education advisory services; yoga, massage and relaxation; animal support services). It was suggested that for those who had concerns about the stigma of attending a mental health centre, these sorts of services are both useful in themselves but also provide a 'soft entry' to talking about mental health.

- In the longer term, the Head to Health services could provide secondary consultation and support services to generalist healthcare and community service providers to ensure clients and carers get better support in all settings.

- Each service could have the capacity to do things differently and include innovative approaches: e.g. art therapy, pet therapy, exercise physiologists, dietitians and nutritionists, provide transport for appointments, promote digital literacy, and use eMental health.

- The services need to be strongly connected with the communities they serve. It was suggested that a keyway to support this connection will be through efforts to improve mental health literacy and mental health system literacy.

- Each service will need to have very clear information that alerts people to the fact that there is no referral necessary and that there is no cost for them. Each service will need to have strong partnerships with a range of stakeholders that enable synergy of effort in the sector. This may include making maximum use of the significant ethos of volunteerism in the catchment and working with other providers who have developed and maintained volunteers who would be suitable to support people in this service (e.g. Migrant Resource Centre).