



ACT
Mental Health
Consumer Network

ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
G.P.O Box 836, Canberra, ACT, 2601
Phone: 02 6230 5796
Email: policy@actmhc.org.au
Website: www.actmhc.org.au

Submission: **Canberra Health Services Adult Mental Health Community Services Model of Care**

Submitted by email to:
Sarah Dark
Sarah.dark@act.gov.au;
CHSEDMHJHADS@act.gov.au

06 February 2024



Submission: Canberra Health Services Adult Community Mental Health Services Model of Care

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Sarah Dark, Acting Executive Support Officer, Mental Health, Justice Health, Alcohol and Drugs, Canberra Health Services.

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

The ACT Mental Health Consumer Network

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

Consumer feedback was sought in relation to the Adult Community Mental Health Services (ACMHS) Model of Care (MoC). Verbal feedback was received and this submission incorporates that feedback.

General comments

The Network welcomes this opportunity to contribute to the ACMHS MoC (the MoC).

Despite participating in previous drafts of the MoC, Consumers were disappointed that their voice was not included from the beginning of the development of this important MoC.

Consumers were also disappointed that the MoC did not detail any new approaches for delivering adult community mental health services in the ACT. Consumers described the current system as one in which feel like they are on a conveyor belt,

going from one service to the next with limited continuity of care and limited opportunities to contribute to their care plan. The document did not reflect any new thinking in the delivery of mental health services, such as navigation to the services available; availability of integrated, wrap around services; and improvements to continuity of care.

Consumers noted, with interest, that there appeared to be no development in the ACT in the Stepped Care Model since 2011. This is when the National Institute for Health and Care Excellence (NICE) Guidelines 2011 *Stepped Care Model for People with Common Mental Health Disorders* (the Guideline), on which the ACT system is based, were developed. Upon reviewing the Guideline, it appears some sections of the Guideline were temporarily withdrawn in January 2023 and consumers wondered whether these changes, if relevant, had been taken into consideration.

Police Ambulance Clinician Emergency Response (PACER)

Consumers note that while the MoC includes the Police, Ambulance and Clinician Early Response (PACER) team for 7 days a week/365 days a year, it currently does not have funding past mid 2024.

In addition, they note that the MoC does not include any options to provide care for consumers who have been evaluated by PACER to not require emergency department care and/or convincing the consumer that they are more well than they thought, leaving them at home, and putting consumers at considerable risk. Consumers have advised that this can be a very scary and unsettling result for both them and their support persons.

Commissioning

Consumers note that the commissioning process of mental health services will have an impact on the MoC. Although specific non-government organisations (NGOs) are not mentioned, the services they provide are essential to the efficient and effective workings of ACMHS and the impact of changes to these services should not be underestimated.

Recommendations: Canberra Health Services Adult Mental Health Services Model of Care

Recommendation 1: Peer supervision for peer workers.

Consumers welcomed the reference to peer workers under the multidisciplinary heading on p.5, but noticed that they are not included in '5.3.2 Professional

Development – Supervision’, p.36. Consumers recommend that that peer workers are provided the same opportunities to access and receive clinical supervision as other staff who work in the clinical setting. Consumers recommend that the Lived Experience Directors Genevieve Whitlam (MHJHADS, CHS) and Bradley Foxlewin (OMHW) be contacted to provide more information regarding this recommendation.

Recommendation 2: Inclusion of references to NGOs.

Consumers recommend the inclusion of references NGOs in the beginning of the MoC as the services provided by NGOs make up a vast number of services provided to mental health consumers in the community. In particular, they recommended including the lines of referral and the need for soft referrals to ensure continuity of care.

Recommendation 3: Inclusion of private mental health practitioners in the Step model.

Consumers advised that due to limited public mental health services they had to seek out and use private psychologists and psychiatrists both within and outside of the ACT:

I have to see a private psychiatrist and private psychologist in NSW as cannot get in to see a public one nor a private one with the expertise I require in the ACT at all. Neither my private psychiatrist and private psychologist can refer me to any of the public step up facilities. As a direct result of this I ended up in hospital. I feel I am left in my own ocean to flounder in.

Recommendation 4: Inclusion of Safe Haven in the MoC as part of continuation of care.

Consumers recommend the inclusion of Safe Haven in the MoC as it is an adult mental health service funded by the ACT Government that provides a service to steer people away from the only other option of entering the emergency department. This will become a more important link for the MoC when the new Safe Haven opens at The Canberra Hospital in March 2025.

General Edits

The following general edits to the document are suggested:

1. p.1: Executive Summary - spelling out of ACMHS the first time it is used in the Executive Summary.
2. p.10: Figure 1 ‘*Stepped Care Model for Adult Community Mental Health Services*’ is difficult to understand and the text next to the parts of the triangle

is unreadable.

3. p.13: 3.2 ACMHS MOC Principles of Care numbered points needs to be renumbered as the heading is included.
4. p.14: Ensure that the reference to the ACT Mental Health Consumer Network is correct (noting that the ACT is currently missing from the front of our name).
5. p.23: The heading for 4.1 should be changed to 'Assessment and Triage', not Access Mental Health (AMH), as this would be in line with the other headings that reflect the components in Figure 2, p.22.
6. p.24: Consumers noted that the fourth paragraph under heading '4.3 Home Assessment and Acute Response Team (HAART)' is missing the text that would explain what treatment, care and support options are provided by HAART.
7. The abbreviation of 'Model of Care' is different throughout the document including MoC, MOC and Moc. This should be consistent throughout the document. The Abbreviations (p.41) show MoC as being the correct usage.

Conclusion

Consumers were disappointed to not be included at the beginning of the MoC development and request that they be invited earlier in the process at the next review. They look forward to hearing from you regarding the points raised in this submission and the inclusion of their recommendations in the MoC.