



Southern Mallee Primary Care Partnership

Submission to the Royal Commission into Mental Health July 2019



SUBMISSION FOCUS

Mental health and wellbeing has been a significant strategic priority of focus for the Southern Mallee PCP since inception, aiming to strengthen and improve the impacting social determinants. Changes in the way rural areas are used, managed and owned, as well as other significant rural changes, are transforming the demographic and socioeconomic profiles of the region's rural areas and traditional service towns. As populations continue to decline in rural areas and small towns, many services are gradually becoming centralised in larger townships, which perpetuates the cycle of population and local services decline. These changes have an impact upon the health and wellbeing of the Southern Mallee PCP communities, particularly with respect to reduced local access to health and community services and the increasing social isolation in some areas, as both household sizes and town populations decline. **Our shared collaborative voice and action to strengthen partnerships within our rural communities to build a healthy inclusive, resilient Southern Mallee is needed now more than ever.** Our Partnership submission focuses on what already exists within the Partnership in addressing the social determinants of health relating to mental wellbeing. The submission also has a strong focus on prevention, access, equity and integration strategies leading to recommendations.

RECOMMENDATIONS SUMMARY

The following are the **prevention** and **access & equity; service system integration** recommendations the Southern Mallee PCP are recommending for the Commissions consideration.

Prevention

- There needs to be collaborative, strategic and coordinated investment into evidence based mental wellbeing prevention strategies addressing the social determinants of health across the full life course, but in particular focusing on the 0 – 18 years of age. Making this investment long-term would enable less expenditure required in the acute end of mental health. This must be seen as a priority for the Commission.
- Consider how we build and strengthen mentally healthy rural communities and address the reasons why people become unwell. Prevent and intervene early when communities and individuals are at risk and invest in strategies that enable good mental wellbeing and mental health. Addressing mental illness in the community needs to be done with considering the social determinants of health; housing, income support, education and employment.
- Invest more in local education and connection to education opportunities
 - Ability for students to complete year 12 locally
 - Access to diverse range of topics
 - Connection with and access to state peer support bodies
 - Alternative learning systems – TAFE, RTO, Neighbourhood House
- Invest in councils, businesses and infrastructure in rural communities that will support and develop communities, embracing their unique characteristics
 - Stronger independent local economies
 - More local employment opportunities
 - Grow local communities – new residents →families→expertise→ideas→skills→etc.
- Invest in resourcing primary prevention initiatives

- Commit to long term funding to support partnership initiatives focused on a place based approach (Local Government Area level) to address the social determinants of health that impact on the mental wellbeing and social inclusion of rural communities
- Invest in capacity building and social capital initiatives such as community/youth leadership programs, mentor programs, inclusion initiatives, building community capacity of mental wellbeing and mental health
- Invest in a place based partnership platform, such as the Primary Care Partnerships, to lead, convene, facilitate, build and strengthen relationships with and between community and agencies, strategically plan, research, align effort, evaluate outcomes and effectiveness and support a shared vision for action, collaboration and implementation to create a more inclusive and resilient community. Work with and value add to established partnerships rather than load further layers and expectation from already stretched capacity.
- Utilise local place based platforms / partnerships to progress mental wellbeing primary prevention initiatives strategically. Ensure these initiatives are well resourced
- Invest in stigma reduction initiatives for both community and professionals in understanding mental health and wellbeing, mental illness and the impact of stigma on people's mental health and wellbeing
- Engage and involve people with a mental illness to share their lived experience to co-create initiatives to address mental illness stigma across our communities
- Utilise a framework to support a socially connected and inclusive community. For example the [Building Socially Inclusive Rural Communities: a complete resource](#)
- A clear, high level policy statement to support the broader community and agency understanding of mental health and wellbeing and mental illness needs to be developed and supported

Access & Equity; Service System Integration

- Research and test current mental health service system models from the point of view of people living in rural Victorian communities, considering that mental health services is equitable for all Victorians, no matter where they live
- Review the historical mental health funding arrangements, particularly for rural and regional areas
- Outreach services into rural communities to invest in building relationships with the local mental health and other supporting providers to ensure a supported and connected service is provided
- Trial allocating rural place based funding for local providers in a Local Government Area or sub region to work together in determining how to best utilise the funds to service the local community
 - Adequately resource all services along the lifespan (particularly within the 0-18 years) and mental health continuum in rural settings from prevention, early intervention, crisis (acute) and recovery

- If changes are made to the mental health service system, ensure there is enough lead time to appropriately support consumers, carers, community and organisations within the changing environment.
- Scope and better understand the opportunities of rurally based mental health beds
 - Invest in the local workforce to enable a fully integrated model which supports the workforce with additional learning to manage referral and activity into such beds
 - Invest in rural facilities and use high quality telehealth and visiting expertise to ensure the required care to manage such beds is in place
- A formalised training, service system pathway, support approach and model needs to be developed for rural health services to manage and respond appropriately to people experiencing acute mental illness
- Systems need to be developed to capture mental health presentations at Rural Health Services Urgent Care Centres and for this data to be interrogated to understand presentation numbers and to plan for future intervention and investment
- Consideration to how local rural services and the local workforce can deliver mental health services in rural communities and requires investigation and a collaborative approach with a range of agencies to address
- Agencies that are funded to provide services in rural communities need to demonstrate they are meeting their funding obligations;
 - Confirmation of service delivery
 - Confirmation from local service provider funded agencies are accessible and responsive when required
 - Travel time is funded appropriately and accordingly
 - Funding body monitor ensuring services are provided as per funding agreement
 - Incentives and program design to support experienced workers to take up rural locations and support development of the workforce
- Consideration needs to be given on either addressing the internet and mobile phone access in rural communities or have other strategies in place to enable rural community members to access portals and information mediums in a different format
- Increasing the use of telehealth and enhancing this work and supporting local rural agencies with telehealth infrastructure, resourcing and support for staff in supporting the consumer accessing the telehealth service is needed
- Telehealth funding models and service delivery protocols need to be refined to enable growth in telehealth and supports for rural and metropolitan organisations to include this service option
- The Southern Mallee PCP encourages a place based approach which is resourced to resolve the identified issues from the Where do I start? Access to mental health services in rural and remote Southern Mallee. Access report outcomes here: [Where do I start? Access to mental health services in rural and remote Southern Mallee](#)

- Strategic direction and dedicated resources to address rural mental health workforce gaps, recruitment, retention, training and protection strategies is required. Potential strategies include;
 - Incentives for professionals to work in rural locations – scholarships etc
 - Formalised supervision and support provided to new, those in the beginning of their career and sole professionals with credentialed experienced mental health professionals
 - Development of a rural training model inclusive of General Practice
- Develop a consumer participation approach that is incorporated into all elements of the agreed recommendations going forward and to ensure it is not tokenistic but central to the work.
- A stronger collaborative approach between the State and Commonwealth Governments is required to address the complexity of different funding streams and the short term nature of commissioned funding
- Consideration to the development of a rural hub of integrated and co-located services
- Southern Mallee PCP supports and promotes the use and incorporation of the [Victorian Statewide Service Coordination Resources](#) into funding agreements for mental health providers and education to funded agencies focused on best practice service coordination principles
 - Utilise the service coordination resources to investigate a more detailed approach and model that better joins up the multiple services including alcohol and drug, housing and homelessness, family violence, disability, mainstream health services that intersect with the mental health system.
- Utilise and invest in the Primary Care Partnership platform to support better service system integration

SOUTHERN MALLEE PRIMARY CARE PARTNERSHIP - BACKGROUND

The Southern Mallee

The Southern Mallee is located in North Western Victoria and is comprised of three Local Government Areas; Buloke Shire, Gannawarra Shire and Swan Hill Rural City. The 2016 population was recorded at 37,334 people, with 18,763 males and 18,576 females. The Southern Mallee covers an area of 1,785,104.7 hectares, with most people aged between 45 and 64 years. Across the Southern Mallee, volunteering rates are higher than the Victorian average; however community acceptance of diverse cultures is significantly lower. Reported family violence incidents are much higher in the Southern Mallee than Victoria, with rates increasing in the past year in Buloke and Swan Hill. Contributors to chronic disease, such as obesity, fruit and vegetable consumption and physical activity, have poorer rates than the Victorian average and over a third of the Southern Mallee population experience transport limitations. The percentage of the Southern Mallee population with mental and behavioural problems, and children who reported bullying is higher compared with Victoria. Community safety and resilience in the Southern Mallee is higher than Victoria. ([SMPCP Data Sheet, Feb 2019](#)).

Southern Mallee rural areas and small towns are typified by declining populations, a high proportion of ageing population and low proportion of younger population, high levels of chronic disease and relatively high levels of socio economic disadvantage. The Southern Mallee region continues to experience challenging climatic conditions such as drought and flood. These conditions have a substantial impact on not only the agriculture industry, but to the wider communities across the Southern Mallee; economic, education, employment, physical health, emotional wellbeing, recreation participation etc.

Southern Mallee Primary Care Partnership

Primary Care Partnerships are funded by the Victorian State Government and bring the health, social, not for profit and local government sectors together, through partnerships. Southern Mallee Primary Care Partnership (Southern Mallee PCP) utilises a place based approach to identify and develop solutions to local service and health and wellbeing issues.

The Southern Mallee PCP is an established community, health and wellbeing partnership located in North Western Victoria comprising of three Local Government Areas; Buloke Shire, Gannawarra Shire and Swan Hill Rural City (not including Robinvale).

The Southern Mallee PCP is an ongoing, dynamic collaboration, where purpose, risks and benefits are shared to improve the wellbeing of our community.

Partnership Purpose: Strengthening partnerships within our rural communities to build a healthy, inclusive, resilient Southern Mallee.

Partnership Vision: Happy and healthy people connected to vibrant rural communities.

Partnership Shared Strategic Directions:

1. Enable collaboration through the voice of rural communities
2. Facilitate access, equity and integration through place-based approaches
3. Be agile and responsive to challenges and opportunities

Guiding Principles:

Celebrating Diversity | Building Equality | Being Open | Ensuring Mutual Benefit | Being Courageous

Governance

Southern Mallee Primary Care Partnership has 14 Member Agencies and 8 Community Supporters. This submission is supported by all Southern Mallee PCP Member Agencies and formally endorsed by the Southern Mallee PCP Leadership Team.

SOUTHERN MALLEE PRIMARY CARE PARTNERSHIP - INITIATIVES

The following is a summary of some of the Southern Mallee PCP mental health and wellbeing initiatives.

Southern Mallee PCP Mental Health and Wellbeing Committee

Southern Mallee PCP has facilitated this committee since 2010. Professionals across the Southern Mallee who have a stake in mental health meet quarterly, with the purpose of; strengthening relationships and collaboration between mental health and related services; focusing on implementing mental health strategy in the local Southern Mallee environment, and planning, actioning and building capacity around responding to current or future issues and themes within these environments.

Research

Southern Mallee PCP conducted an action research project, [Where do I start? Access to Mental Health Services in rural and remote Southern Mallee](#), in partnership with La Trobe University Rural Health School, Bendigo. In this study, service providers, consumers and carers come together to explore mental health service access in small rural communities in the Southern Mallee.

Advocacy

Southern Mallee PCP Leadership Team and Southern Mallee PCP Mental Health and Wellbeing Committee have actively advocated to Federal, State and Regional bodies on behalf of community, identifying service gaps, negative impacts for community from changes to funding streams and place based funding of service etc. The following are examples of Southern Mallee PCP advocacy;

- Homelessness and housing services gap in Buloke Shire - ongoing
- Mental health reform – 2014/15
- Improved mental health services for youth, supported the establishment of headspace Swan Hill

Resources

Southern Mallee PCP has developed a range of resources for agencies, service providers, workplaces and community spaces, localised to best engage our communities;

- [Southern Mallee Mental Health and Related Services \(Eligibility and Entry Criteria\) Resources](#)
- [Southern Mallee Data sheets](#)
 - Improving Mental Health
 - Rural Change
 - Reducing Harmful Alcohol and Drug Use (including tobacco)
 - Preventing Family Violence
- [Southern Mallee PCP Mental Health Matters posters](#)
- [Building Socially Inclusive Rural Communities: a complete resource](#)

Southern Mallee PCP supports and promotes the use of [Victorian Statewide Service Coordination Resources](#) including the Victorian Service Coordination Practice Manual, Good Practice Guide, Continuous Improvement Framework, and Service Coordination Tool Templates.

Forums for service providers

Southern Mallee PCP Mental Health and Wellbeing Committee have initiated and delivered numerous mental health and related services forums, aiming to bring together professionals across the Southern

Mallee (or a specific LGA, Buloke, Gannawarra, Swan Hill), for information sharing, relationship and capacity building.

Capacity building

Southern Mallee PCP has continually made capacity building opportunities available for the local service providers in a coordinated approach; Mental Health First Aid, Aboriginal Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), Rural Social Inclusion, Bridges out of Poverty, Preliminary Suicide Prevention and Planning (PreSAP).

Southern Mallee PCP work on other social determinants

Southern Mallee PCP has aimed to progress work on social determinants. Examples include;

- Social inclusion
- Healthy By Design – planning healthy communities
- Food security/ community kitchens
- Food For All Swan Hill Region

PREVENTION

Prevention Investment

The Government's strategic intent and direction to focus on 'improving mental health' as part of the Victorian Government's Public health and wellbeing plan and other strategies, such as Victoria's 10 year mental health plan, the Victorian suicide prevention framework 2016-2025, are important pieces of work, however are not strongly connected to one another. At a program level, we continually notice time limited funding to agencies to deliver one off mental wellbeing programs that are not connected or coordinated into the local community and service system. There is also a lack of investment in preventing mental health illness and social inclusion, and a limited understanding of genuine primary prevention initiatives.

Recommendation:

There needs to be collaborative, strategic and coordinated investment into evidence based mental wellbeing prevention strategies addressing the social determinants of health across the full life course, but in particular focusing on the 0 – 18 years of age. Making this investment long-term would enable less expenditure required in the acute end of mental health. This must be seen as a priority for the Commission.

Social Determinants of Health

Rural communities offer a sense of place and belonging, however rural communities experience rural change and climatic challenges, poorer access to housing, transport and support services. The impact and subsequent pressures from these influences tests the resilience and mental wellbeing of rural communities.

While rural communities are traditionally stoic in their approach to adversity a stronger focus from Government on the value and important contribution rural communities of Victoria provide requires a acknowledgement as part of the Royal Commission.

Recommendation:

Consider how we build and strengthen mentally healthy rural communities and address the reasons why people become unwell. Prevent and intervene early when communities and individuals are at risk and invest in strategies that enable good mental wellbeing and mental health. Addressing mental illness in the community needs to be done with considering the social determinants of health; housing, income support, education and employment.

- Invest more in local education and connection to education opportunities
 - Ability for students to complete year 12 locally
 - Access to diverse range of topics
 - Connection with and access to state peer support bodies
 - Alternative learning systems – TAFE, RTO, Neighbourhood House
- Invest in councils, businesses and infrastructure in rural communities that will support and develop communities, embracing their unique characteristics
 - Stronger independent local economies
 - More local employment opportunities
 - Grow local communities – new residents →families→expertise→ideas→skills→etc.
- Invest in resourcing primary prevention initiatives

- Commit to long term funding to support partnership initiatives focused on a place based approach (Local Government Area level) to address the social determinants of health that impact on the mental wellbeing and social inclusion of rural communities
- Invest in capacity building and social capital initiatives such as community/youth leadership programs, mentor programs, inclusion initiatives, building community capacity of mental wellbeing and mental health
- Invest in a place based partnership platform, such as the Primary Care Partnerships, to lead, convene, facilitate, build and strengthen relationships with and between community and agencies, strategically plan, research, align effort, evaluate outcomes and effectiveness and support a shared vision for action, collaboration and implementation to create a more inclusive and resilient community. Work with and value add to established partnerships rather than load further layers and expectation from already stretched capacity.

Place Based Partnerships

The Southern Mallee PCP partners include locally based funded agencies and visiting agencies that provide services into the Southern Mallee. The visiting agencies involved in the Southern Mallee PCP have operational staff located in the Southern Mallee. More often than not, the decision making capacity of the visiting agencies is located outside the Southern Mallee which is seen as both an opportunity and challenge for the Partnership.

The Southern Mallee PCP recognises, that to create effective change locally, we need to continue to strengthen our inclusive local planned approach whereby we work 'with and not to' our communities.

The Southern Mallee PCP has a strong local place based partnership platform in operation and encourages its use in how decisions are made about the local area and across the Southern Mallee, for example funding allocation, place based project planning, implementation and evaluation, scaling up initiatives and other identified opportunities.

Recommendation:

Utilise local place based platforms / partnerships to progress mental wellbeing primary prevention initiatives strategically. Ensure these initiatives are well resourced

Stigma Reduction

For people in rural communities the stigma of mental illness is an ongoing challenge. Being in smaller communities, a person, family and carers can be more exposed to stigma of mental illness. Many people with experience of mental illness do not seek support due to a range of factors, including stigma and poor prior experience of the mental health system.

Recommendation:

- Invest in stigma reduction initiatives for both community and professionals in understanding mental health and wellbeing, mental illness and the impact of stigma on people's mental health and wellbeing
- Engage and involve people with a mental illness to share their lived experience to co-create initiatives to address mental illness stigma across our communities
- Utilise a framework to support a socially connected and inclusive community. For example the [Building Socially Inclusive Rural Communities: a complete resource](#)

Defining Mental Health and Mental Illness

There is a need to build community and agency mental health literacy. Mental health needs to be distinguished or separated from mental illness. Thus normalising ups and down of life and adopting a learning model to what people need to live ok lives. The term mental illness can then be for acute episodes and enduring conditions. Medicalisation on emotional health in an individualistic approach is unhelpful and lessens community integrity. For example, improving early childhood experiences and preventing abuse will do the most for preventing mental illness and reframing how we view emotional health will reduce stigma and empower people to self-care, learn and be non-judgemental.

Recommendation:

A clear, high level policy statement to support the broader community and agency understanding of mental health and wellbeing and mental illness needs to be developed and supported.

ACCESS & EQUITY; SERVICE SYSTEM INTEGRATION

Rural Model

Over many years we have watched and experienced reviews and changes to mental health services and the operations of the mental health system. It has been an ongoing point of advocacy, with little effect to date, in that the mental health system is not as equitable or as effective in delivery for rural communities in the Southern Mallee as it is for other Victorians who live in larger regional and metropolitan centres.

Recommendation:

Research and test current mental health service system models from the point of view of people living in rural Victorian communities, considering that mental health services is equitable for all Victorians, no matter where they live

Place Based Funding

Funding of mental health services is 'historical', without investigation or open opportunity for appropriate local bodies to submit expressions of interest to undertake the work. Outreach services in rural communities can be limited in the availability of the service due to the time for the professional to travel and the impact of low demand versus the need to come to the area. Whilst we acknowledge there needs to be a balance of workforce expertise, local place based services and economics of scale. Metropolitan models imposed on rural communities do not work. Rural communities are different and thus should be funded and designed differently. Opportunities to trial alternative models in a rural setting are encouraged.

Services provided within place in rural communities have the following benefits;

- Accessible for local community – consumers not having to travel large distances to access a service
- Service access can potentially occur sooner when the need first arises, not having to wait
- Greater awareness of other local supports
- Travel time and cost decreased for consumer and professionals – more time and dollars available to seeing consumers, families and carers
- Family and community supports locally based - not distanced from unwell person by the need to travel out of the area for service
- Responsive in the time of crisis or broader community crisis event
- Mental health professionals participate in local community and economy
- Investment in local communities and professionals in these communities

Local Southern Mallee agencies have worked in partnership for many years and are established organisations who believe they can deliver more mental health services locally.

Recommendation:

- Review the historical mental health funding arrangements, particularly for rural and regional areas
- Outreach services into rural communities to invest in building relationships with the local mental health and other supporting providers to ensure a supported and connected service is provided
- Trial allocating rural place based funding for local providers in a Local Government Area or sub region to work together in determining how to best utilise the funds to service the local community
 - Adequately resource all services along the lifespan (particularly within the 0-18 years) and mental health continuum in rural settings from prevention, early intervention, crisis (acute) and recovery

- If changes are made to the mental health service system, ensure there is enough lead time to appropriately support consumers, carers, community and organisations within the changing environment.

Place Based Mental Health Beds

In the Southern Mallee catchment there is a need for locally based mental health beds. Currently access to the closest bed is either in Bendigo, Mildura, and for some instances Melbourne, all requiring a significant distance to travel.

Benefits of mental health beds located in the Southern Mallee include;

- Closer access to service for consumer and for carer, family and friends to provide continued support
- Greater opportunity for a more locally supported discharge planning approach and process which would include; carer, family and local community supports for recovery
- Greater knowledge and relationship with local services required in recovery

The short-term mental health beds or sub units in regional hospitals would add to the state-wide stock of designated mental health beds and have significant access advantages of the local rural communities.

Recommendation:

- Scope and better understand the opportunities of rurally based mental health beds
 - Invest in the local workforce to enable a fully integrated model which supports the workforce with additional learning to manage referral and activity into such beds
 - Invest in rural facilities and use high quality telehealth and visiting expertise to ensure the required care to manage such beds is in place

Urgent Care Centres

Rural health services are reliant on the local GP's in their capacity and skillset to work with presenting acute mental health or drug and alcohol concerns as they present through Urgent Care Centres and within the acute setting. Many GP's are working from a generalist foundation, and rely upon training programs or industry updates to enhance their treatment knowledge. The absence of onsite medical care and security personnel means a default process occurs in transferring to the regional mental health provider via Ambulance Victoria and Police escort occurs more often than a discharge or supported admission. Rural health services appreciate this is difficult for families and also clinicians in the context that rural health service staff are not skilled or equipped to respond to a level that is safe and therapeutic in all instances.

Currently Rural Health Services do not contribute Urgent Care Centre presentation data for mental health related presentations; no monitoring processes have been enacted to capture this information across the State.

Recommendation:

- A formalised training, service system pathway, support approach and model needs to be developed for rural health services to manage and respond appropriately to people experiencing acute mental illness
- Systems need to be developed to capture mental health presentations at Rural Health Services Urgent Care Centres and for this data to be interrogated to understand presentation numbers and to plan for future intervention and investment

Expectation of People with Mental Illness to Travel for Service – Time, Capacity, Impact

People having to travel to access services, sometimes leaving them without the support of friends and family, can place a financial burden on them or their loved ones. Having local inpatient care in rural communities would mean those who are unwell wouldn't have to be away from their formal (services) support, informal (family/friends), as well as having access to their community. Having access to mental health services across the Southern Mallee when and where they are needed is important. Whilst promoting more localised access is a clear objective, service planning also needs to enable choice for the consumer who may wish to access services away from their immediate area.

Recommendation:

Consideration to how local rural services and the local workforce can deliver mental health services in rural communities and requires investigation and a collaborative approach with a range of agencies to address

Agencies Funded but not Delivering

On occasion, agencies that are funded to provide a service in rural areas do not deliver, even though they continue to accept funding to do so. Reasons for non-provision of service have included;

- No connection with local community or other service providers
- Low or slow engagement viewed as low demand, or no need
- Distance and travel not factored into funding
- Visiting staff are often begging practitioners or lack specific skill or experience for working in rural communities
- Staff view the distance is too far – don't want to travel
- Gap in staffing

Recommendation:

Agencies that are funded to provide services in rural communities need to demonstrate they are meeting their funding obligations;

- Confirmation of service delivery
- Confirmation from local service provider funded agencies are accessible and responsive when required
- Travel time is funded appropriately and accordingly
- Funding body monitor ensuring services are provided as per funding agreement
- Incentives and program design to support experienced workers to take up rural locations and support development of the workforce

Telehealth – Internet Service Black Spots, No Service, Poor Service

There is a geographic divide when it comes to access to the internet in rural communities, which is lower than our metropolitan friends. This has an impact on rural communities accessing information about mental health services and supports.

Recommendation:

- Consideration needs to be given on either addressing the internet and mobile phone access in rural communities or have other strategies in place to enable rural community members to access portals and information mediums in a different format
- Increasing the use of telehealth and enhancing this work and supporting local rural agencies with telehealth infrastructure, resourcing and support for staff in supporting the consumer accessing the telehealth service is needed

- Telehealth funding models and service delivery protocols need to be refined to enable growth in telehealth and supports for rural and metropolitan organisations to include this service option.

System Changes

A multi-sectoral, strategic, whole of system, coordinated and longitudinal body of work, to implement a planned and coordinated approach in addressing multiple system failures is needed. This is the key recommendation that came out of our Southern Mallee PCP 'Where do I start? – Access to mental health services in small communities in the Southern Mallee catchment Project. Stigma reduction strategies, service coordination, early intervention to avoid crises, skill and knowledge development of health professionals and other support workers, improved discharge planning, recognition of the role of families and carers, different methods of engaging with people, and a central coordination model were identified as key areas requiring strategic investment.

Recommendation:

The Southern Mallee PCP encourages a place based approach which is resourced to resolve the identified issues from the Where do I start? Access to mental health services in rural and remote Southern Mallee. Access report outcomes here: [Where do I start? Access to mental health services in rural and remote Southern Mallee](#)

Rural Workforce

Rural communities need a well-supported and credentialed workforce. The ability to recruit and retain suitably qualified staff is a critical issue. Job satisfaction and support is highly important in this sector.

Recommendation:

Strategic direction and dedicated resources to address rural mental health workforce gaps, recruitment, retention, training and protection strategies is required. Potential strategies include;

- Incentives for professionals to work in rural locations – scholarships etc
- Formalised supervision and support provided to new, those in the beginning of their career and sole professionals with credentialed experienced mental health professionals
- Development of a rural training model inclusive of General Practice

Lived Experience – Consumer Participation

Opportunities exist to strengthen the engagement and participation of consumers (people with a lived experience) in health planning. Mechanisms, support, resources and capacity building are required for agencies to enable them to do this and to do this respectfully and well.

Recommendation:

Develop a consumer participation approach that is incorporated into all elements of the agreed recommendations going forward and to ensure it is not tokenistic but central to the work.

Policy

Roles and responsibilities clarification is required between State and the Commonwealth mental health policy development, system design, implementation and monitoring and reporting. Agencies across the Southern Mallee report the complexity of different funding streams and the lack of opportunity to be creative for our rural communities to address gaps in the system. Short term nature of commissioned funding puts additional strain on agencies to deliver appropriate services for the communities and to recruit and retain staff. There is opportunity to develop a hub where mental health, social health and other support programs are commissioned as an integrated service model in rural communities to allow for scale and support development of responsive services with high quality programs and an expert workforce.

Recommendation:

- A stronger collaborative approach between the State and Commonwealth Governments is required to address the complexity of different funding streams and the short term nature of commissioned funding
- Consideration to the development of a rural hub of integrated and co-located services

Person Centred Care

Service Coordination places consumers at the centre of service delivery to maximise their opportunities for accessing the services they need. Service Coordination enables organisations to remain independent of each other, while working in a cohesive and coordinated way to give consumers a seamless and integrated response. Service Coordination is underpinned by the following principles; **A central focus on consumers, Partnerships and collaboration, The social model of health, Competent staff, A duty of care, Protection of consumer information, Engagement with a broad range of service sectors, Consistency in practice standards.** Involving the consumer, their family and agencies in the persons care is critical in gaining better outcomes for someone with a mental illness.

People who experience mental illness deserve the right supports, at the right time and in the right place to enable them to live well in the community. This involves a comprehensive, integrated service system that includes:

- Holistic, wrap around person-centered services that are culturally responsive to communities
- Involving consumers, carers and families in planning and development of services
- No wrong door – every door in the service system can be the right door for consumers to access services
- Clear entry points, plus transparent and consistent referral pathways and processes that are easy to navigate
- Improved and timely identification of needs through the initial needs identification process
- Improved response times to requests for information, referral and provision of service.
- Confidential transfer of information without collecting or storing client data for referral purposes in a way that does not require the consumer to repeat their story
- Improved access to assessment and coordinated shared care/case planning clarity regarding who is involved in service provision and what their responsibilities are to meet the consumer's goals
- Reduced duplication of assessments and services as well as identification of service gaps
- Increased knowledge of the local service system and access to resources that support service coordination and integration
- Consistent service standards from each service provider through the use of regional protocols and memorandum of understandings between service providers.
- Integrates strategies designed to address the social determinants of mental health, such as housing, employment, stigma and physical health.
- Supports for carers and families who are caring for someone with a mental illness
- Working to prevent mental illness in the first instance

Most people don't access mental health services in isolation. Often they have to navigate multiple services including alcohol and drug, housing and homelessness, family violence, disability, mainstream health services that intersect with the mental health system. How well these different systems integrate with mental health has a direct impact on a person's experience and outcomes.

Recommendation:

- Southern Mallee PCP supports and promotes the use and incorporation of the [Victorian Statewide Service Coordination Resources](#) into funding agreements for mental health providers and education to funded agencies focused on best practice service coordination principles
 - Utilise the service coordination resources to investigate a more detailed approach and model that better joins up the multiple services including alcohol and drug, housing and homelessness, family violence, disability, mainstream health services that intersect with the mental health system.
- Utilise and invest in the Primary Care Partnership platform to support better service system integration

SUBMISSION CONSULTATION

- Request for information and input via the Southern Mallee PCP Committees - [diagram](#) | [information](#) and [Southern Mallee PCP E-Bulletin](#)
- Executive Officer and Member Agency CEO representatives attendance at Mental Health Royal Commission Consultation Session in Swan Hill – 1st May 2019
- Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership Meeting – 21st May 2019
- Southern Mallee PCP Mental Health & Wellbeing Committee Meeting Focused discussion – 14th May 2019

CONTACT

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