“How Can We Help”

Gateway Health Local Service Consultations December 2020.

Benalla, Mansfield, Wangaratta

Background

This public engagement process was undertaken for the Local Adult and Older Adult Mental Health and Wellbeing Services (Sites 1-6, Reference Number P19988) submitted jointly developed by Gateway Health, in consortia with Mind Australia and Albury Wodonga Health.

In response to the Victorian Mental Health Royal Commission, Gateway Health engaged stakeholders within the site area of Benalla, Mansfield and Wangaratta, to answer survey questions on their community needs around mental health.

In line with Capire Consulting Group (Capire) recommendations, this public engagement included targeted small group discussions, targeted stakeholder emails, interviews and an online survey questionnaire.

The following is a summary of the responses provided by community stakeholders, to the key questions developed by the consortia.

Summary

Q1: What is most important to you in accessing a local mental health and wellbeing hub, for either yourself or a family or friend?

- **Local services** - Local workforce requested located in Mansfield, along with Benalla. Having skilled professionals is required. Vulnerability of clients identified as a barrier to accessing services. Feedback recorded that better engagement of clients presenting with mental ill-health would result with localised services.

- **Secondary services** - Step up and down from acute mental illness treatment to enable clients to be supported in their community. Mental health support currently focussed on crisis management, with identified need to assist those with poor mental health and prevent exacerbation to acute presentation. This feedback has been echoed by Victorian Police representatives.

- **Social prescribing/ similar concept to No Wrong Door** - Easy access to next step services such as detox, medication required, including a clear understanding of services provided and how to access information. Ideally provision of training, navigation and linking training for Local Area Services staff. This success factor was strongly linked to promotion and marketing to allow clients to know where to access services easily (related to ‘no wrong door’ concept).

- **Outreach options needed** - Identified due to large geographical area of Local Area Service provision, and the need to improve access for the most vulnerable and socially isolated clients.

- **Consideration of older people** - Mental health services and supports for older people to be contextualised within the "Ageing Well Framework". Issues identified include building trust with older people, combined with education and consideration around differences between mental ill-health and cognitive decline.

- **Lived experience/peer work/safe space** - Importance of having trained community and/or staff members as peer facilitators for community groups/ connection activities, with potential to deliver through creation of safe spaces. Success of the Local Area Services linked with provision of a lived experience or peer workforce with a welcoming, non-judgemental atmosphere in person and by phone.

- **Funding requests** - Services identified were specifically suicide-prevention programs, including funding for a suicide prevention network in Wangaratta and a place-based suicide prevention trial in Benalla. Strong community support for delivery of Blackdog Institute training for CPI.

- Additional considerations included multidisciplinary staffing and upskilling, including provision of dual-diagnosis treatment of co-occurring mental health and AOD presentations. Further support was gathered for including carers and family in discussions about Local Area Services.

Q2. How can we support and build on existing service systems and strengths? Are there existing teams or clinical forums, visiting specialist schedules, protocols/pathways and service models that would be good to build on? (E.g., Restart program)?

- **Similar concept to No wrong door/ Social Prescribing (inclusive of MH, AOD, FV)** - Identified a lack of continuity of services, ideally have a 'no wrong door' approach where assistance is similar to the Restart Program, satellite hub suggested which caters for MH/AOD/FV. Social prescribing needed with funded integration of schools/GP's private psychologists, housing and employment services, warm referrals and advocacy options.

- **Funding options (existing and new funding)** - In Mansfield, a counselling space is needed, maybe in partnership with Mansfield Shire, including Wi-Fi provision for telehealth services. Youth Services strongly identified, with headspace Shepparton offering a day in the P-12 school, ongoing funding has been requested. 'Local Live for Life' Program to run teen mental health first aid programs in schools, reaching teachers and parents for early intervention. For older adults, ability for services to address late-identified care needs, including dementia. Education on mental health and cognitive decline, along with ability to assist younger people in residential aged care.

- **Specialist engagement required, upskilling of existing clinicians and secondary consult for early prevention to reduce crisis presentation** - Admissions to Mansfield District Hospital for low-risk clients requiring support/respite/withdrawal; Identified gap in services between crisis presentation and acknowledgement of people 'falling through the cracks' in mental health intermediate support, mental health and AOD combined presentation to inform withdrawal; early intervention and mental health promotion needed to assist when people present with mild-moderate and more severe mental illness.

- **Local services with potential for outreach** – The success of Mansfield RESTART Program (moderate intensity AOD counselling and community rehabilitation, as well as health promotion

and prevention) indicates clients are more likely to support and utilise a local service they trust and are made aware of. Engagement for clients in smaller towns (e.g. travelling to Benalla) is impacted as no local services and no outreach. Feedback shows support for Benalla Rural Outreach worker, Ivan Lister for crisis and emergency counselling and intervention.

- **Child and adolescent mental health specialists needed** - Adolescent clinicians who specialise in mental health and co-occurring AOD presentation, along with child therapists and support for struggling families.

- Existing Murray PHN-funded Geri-Connect project to establish a specialist geriatrician virtual service was identified as requiring ongoing funding across the project area.

- **Community reflection of the ongoing impact of Covid19 restrictions** - Acknowledgement that the last two years have been particularly challenging with limited face-to-face and AOD services, with a resulting significant impact on community mental health.

Q3. What step-up and step-down pathways currently exist between levels of acuity so no-one falls through any gaps - what's working well/what could be improved?

- **Poor availability of specific older people services** - Massive gap in psychogeriatric specialisation and services, raising significant community concern given presentation of mental illness within the ageing population. Engagement suggests older people often reach mental health crisis (e.g. admission to Kerford Clinic, North-east Health Wangaratta), with no early intervention service to prevent crises.

- **Mansfield resourcing** - Mental health services severely lacking, and community engagement is very low when face-to-face appointments are not available. During Covid-19 lockdowns, visiting services to Mansfield (AWH Mental Health and AOD RESTART Programs) were ceased and have not recommenced. Further, the RESTART Program has identified a service need which had not been previously given resources.

- **Additional step-up and step-down pathways** - Highlighted were a psychosocial approach including relationship building and improvements in quality of life. Importantly, provision of an easily recognised and trusted entry point for early intervention, direct service delivery, rehabilitation and follow-up for high-intensity to low intensity mental health concerns, combined with family and domestic violence support and families in crisis were identified as critical.

Q4. Are you able to map the client journey from GPs and social workers into mental health services?

- **GPs in Benalla, Albury and Shepparton low skill level regarding mental health** - Regular referrals from GPs to Albury-Wodonga Health for psychiatry and perception that GPs have low levels of understanding for mental health concerns. Suggestions that some clients suffering with mental health will need to build courage to discuss with GP, only to be given medication and told to go home, with no additional treatment. This can cause exacerbation of mental illness. Acknowledged success of Murray PHN related to GP engagement and upskilling with suicide prevention.

- **GP's ability to adequately treat older people** - Feedback indicates GPs are unable to manage older people's mental health holistically, with older people presenting to GPs for assessment when in crisis with hospital treatment and slow transition from acute ward. Co-occurring AOD, homelessness and financial insecurity in older people were identified as concerns.

- **GP's need for AOD withdrawal nurses** - Indicators that GPs book clients in for GP-managed withdrawal, with note that withdrawal nurse's relationship to clients being important to keep clients in their home environment and safe during withdrawal.

- **Benalla Health and Gateway Health link** - Primary referral link is through AOD, with rented consultation room and outreach to Mansfield and Benalla. Support exists for setting up AOD withdrawal pathway in Benalla (discussed prior to Covid19 impacts). Additionally, only one GP in Benalla appears to bulk-bill which can be preclusive for clients.

- **Connecting the client journey from GPs to social workers** - Comments show that GP's engage well with Mansfield Health, however there is a need to be clear with GPs and to demonstrate engagement with the health service to interact. 0Referrals and engagement in Mansfield have been impacted by Covid19, causing a drop-in service which has caused distrust from GPs.

- **Secondary consultation** - Including social prescribing and case management was identified as a client need. Care clinicians and GPs appear unsupported, with assistance to navigate step-down referrals needed for both clinicians and clients.

Q5. Thinking about the referral pathways, ease of access and outcomes from referrals, are people getting into mental health services in a timely manner and what could be improved?

- **Referral pathways disjointed** - mental health services seen to have ongoing gaps and barriers to access, with call for safe and holistic follow-up, also with real people to speak with and not 1800 numbers to call. No funding for specialist service Orange Door in Mansfield; clients with DV and FV presentation are sent back to Mansfield Health instead. Clients requiring FV or adult mental health assessment or referrals are unable to access this in Mansfield; only for low-level mental health concerns.

- **Visiting services** - with outreach services being only available on certain days or times, challenging for locals to access care. Additionally, the transport in regional centres in totally inadequate, need for public transport to take from Mansfield to Benalla to Wangaratta.

- **Safe spaces** - knowledge of these services, to increase psychological safety, with preference for being co-located with the local MH service. Provision of peer workforce driven and led and aiming to de-escalate, acquire skills and strategies to navigate step-down care.

- **Secondary consult / follow-up** - request for better communication between providers and case conferencing, noting that follow-up processes often fail due to timing and long wait times.

  Related to referral pathways, the issues of secondary consultation (better communication between providers and improved mental health follow-up), and older people in residential aged care, both early intervention and psychogeriatric support services needed. Situations occur where older people present to ED and are left sitting in acute MH bed with nowhere to discharge to.

Q6. What ideas do you have about how consumers and their families and carers could be involved in providing input into how the mental health service is designed and delivered in your local community?

"Connection is key…social prescribing and connectedness is key to the wellbeing model".

- **Case management or community forums** - Management of services, accountability for the service, with community forums to include NDIS participants, workers family and friends. Respite. Connection to community needed.

- **Care for carers or families** - Carers need support, and are overwhelmed. This need related to child care needs, and older people. Acknowledgement that older people do not want to participate in the same activities as young. Families want to be involved in care options, including co-design with primary care sector.

- **Peer workforce requested** – A peer workforce is non-existent at present; no support to clients to access telehealth/apps. A trial of innovative models and ways of working, including older workers as peer workers.

Q7. To ensure community accessibility and coordination of intake and recovery pathways at the local level, we will be looking at suitable locations to lease in each town. Are there any co-location options, available spaces or best possible days for visiting services etc?

- **Mansfield health Service** - is a central and trusted place for the community to access. Suggested as location for additional services, however has no physical space, although they are keen to grow.

- **Benalla Health** - Possible location available, but more central location in Benalla CBD (e.g. former Centrelink offices) would better suit clients.

- Consider accessibility issues for older people when determining accessibility requirements.

Q8. Do you have any additional observations for area services?

- **Older People** - Gaps in the residential aged care system in addressing the grief/loss related to going into permanent care, a general lack of dementia-focussed support locally to reduce escalation of behaviours. Large gap in secondary consult for GPs and aged care staff.

- **Issues related to COVID-19** - Large number of tree-changers which is impacting housing prices (Mansfield) and resulting in reduced public housing options. Seasonal workers have needed to access health service more due to COVID-19 public health changes.

Q9. If there was a community-based mental health service in your area, what would stop you from using the service (other than not needing mental health support)?

- **Community understanding that mental health servicing is overwhelmed** - Results show a 'medicalised' approach to mental health care, with no other options; current services being understaffed and clients being discharged before ready/not informed; practitioners saying they are trauma-informed but not practicing this.

- **Past unhelpful experiences** - Lack of consistency of servicing or availability, fear of being retraumatised.

- **Inappropriate staff** - disrespectful staff, or being told ‘you should know this’/ ‘asked “what do you want”.

- Consistently hearing that mental health services are overwhelmed. Asking for help is hard enough and knowing that the system is already overwhelmed may leave a person believing that they do not need or are not ‘sick enough’ to seek support.