

## Local Adult and Older Adult Mental Health and Wellbeing Services: Responses to the Engage Victoria organisational survey, Sept 2021

This survey seeks to understand the key design features of Local Adult and Older Adult Mental Health and Wellbeing Services (Local Services) from the perspective of organisations.

Local Services will provide the following:

- Clinical treatment and therapies - such as mental health assessment and psychology services, including for alcohol and other drug issues
  - Wellbeing support - such as support to recover, strengthen relationships, build life skills, get involved in the community and address issues like physical illness, homelessness and money problems
  - Education, peer support and self-help - opportunities to connect with other people with lived experience of mental illness, families, carers and supporters to share experiences and ideas and learn from each other
  - Planning and coordination - help to find, access and navigate other health and social support services.
2. Do you think the new Local Services will address the needs of Victorians 26 years and over, in the reformed Victorian mental health system? (yes, somewhat, no, unsure)

Unsure

3. How do you think the role of the new Local Services could be clarified or improved? (1000 characters)

The following clarifications are required:

- How Locals will differ from existing services, e.g. community health services, which already provide co-located services (e.g. GP, allied health, counsellors)
- How Locals will be integrated with existing services e.g. General Practice, community health services, The Orange Door, Primary Health Networks, NDIS
- Whether Locals will be prescribed under the Multi-Agency Risk Assessment and Management (MARAM) Framework (and what tier of responsibility) and Family Violence and Child Information-Sharing Schemes (FVISS and CISS)
- How Locals will be integrated with other levels of the mental health and wellbeing system e.g. what happens if a person presents in crisis, given Locals will not provide crisis response?
- How consistency will be ensured across Locals so that users receive a consistent service no matter where they live
- How Locals will be staffed, given current workforce shortages, without depleting other mental health/social services

**4. How can Local Services provide the best possible experience for consumers and carers? What would that experience look like? What would happen or not happen? How would the service be different to other services available? (1000 characters)**

- Be safe, welcoming and non-stigmatising
- Be accessible and easy to navigate, with warm referral pathways and dedicated care coordination roles
- Embed lived experience workers at every level, including first contact
- Address social risk factors through prevention and holistic support, including integration with: family and sexual violence response; physical health; alcohol and other drug; housing; legal; parenting; financial; family/carer support
- Address the gap between primary/private care and acute public services (e.g. for high prevalence eating disorders that respond to simpler interventions)
- Enable consumers to make meaningful choices by providing the broadest possible range of treatments
- Address the challenges faced in rural and remote areas where there are limited services, long distances and wait times
- Provide attractive wages and conditions for staff (including ongoing employment) to minimise turnover so users receive consistent, high quality services

**5. How can Local Services provide the best possible experience for consumers and carers from diverse backgrounds and those who have specific needs? What would that experience look like? What would happen or not happen? How would the service be different to other services available? (1000 characters)**

- Work with specialist services to ensure Locals understand and meet the needs of different groups, especially under-served groups
- Feel and be safe and trauma-informed, especially for women, LGBTIQ people and victim-survivors of violence and trauma, and provide women-only &/or gender-safe spaces
- Collaborate closely with family and sexual violence services, including Orange Door
- Build intersectionality into all levels of design and delivery, including governance, to ensure the multiplicity of consumer and carer needs and experiences is addressed, including gender, race, age, sexuality and disability
- Meet practical needs to ensure access for all users e.g. child care, transport, interpreters and multilingual resources
- Have staff trained in trauma-informed, gender- and culturally-responsive care
- Allow for longer appointments and flexible appointment times and provide assertive follow-up
- Use accountability measures to ensure Locals meet the needs of the whole community

**6. What are the top three things we have to get right to make the Local Services the best they could be? (1000 characters)**

- Given the strong links between gendered abuse and violence and a range of mental health conditions, it is essential that Locals:
  - Are integrated with violence response services (through warm referral pathways if not co-location)
  - Build the capability of their workforces to identify and respond appropriately to victim-survivors of gendered violence and manage their mental health needs, and to respond to people who use violence
- Locals must have a strong prevention lens and be resourced to address social determinants that influence mental health and wellbeing (such as gendered violence, financial disadvantage, housing insecurity), including through integrated service models
- Locals must be adequately resourced to enable them to recruit and retain a skilled, multidisciplinary workforce and to facilitate the provision of genuinely trauma-informed, gender- and culturally responsive care, including through workforce development and whole of organisation approaches