

Submission to the Victorian Department of Health on Local Adult and Older Adult Mental Health and Wellbeing Services – September 2021

1. Feedback to Q3. How do you think the role of the new Local Services could be clarified or improved?

The Local Services are described as the ‘new front door’ to the system. However, it is also stated that Local Services are accessible to people with mild to moderate illness whose needs cannot be met by primary care services. It further states that people requiring more intensive treatment can access Area Services by attending an ED.

These points demonstrate that there are in fact multiple doors into the system. Local Services must accurately describe its role in the system, who can access these services, and clearly articulate what other services are available.

Suicide is a significant health and social policy issue, requiring a complex policy response across multiple layers of Government and service sector responsibilities to reduce suicide rates. The Local Services factsheet does not include any detail on suicidality anywhere in the document. ACEM would like further information about the role of Local Services in responding to suicidality.

2. Feedback to Q4

ACEM supports a multidisciplinary approach, combining clinical and wellbeing mental health as recommended by the RC. Ensuring that there is high-quality system integration is integral to the efficacy of Local Services. The College would like to see greater clarity included in further information materials on Local Services that explain the disciplines that will be employed in these settings, and provide clearer articulation of how they will work together i.e., will the Local Services provide care as a multi-disciplinary team, or will Local Services centres house a range of services/organisations that are expected to work collaboratively?

Local Services must provide care to patients with acute or complex needs in their service where appropriate to ensure continuity of care while waiting for acute care and to reduce delays in accessing mental health treatment. They must be funded and staffed to ensure adequate follow up and case management is available to patients with complex needs.

3. Feedback to Q5. Diverse backgrounds and specific needs.

The Victorian community is very diverse with the need for services to reflect their local communities. While other organisations are better placed to speak to particular communities, we would like to highlight ongoing disparities in regional areas. There is need for additional, sustained resourcing and mental health workforce development in regional settings where there are long-standing shortages. Historically, initiatives that have involved ‘transplanting’ workforce from metropolitan to regional settings have not effectively addressed workforce maldistribution. In regional settings it is common for staff to move

between services, without an overall increase in the available workforce. This means that the gaps move but are not filled. Innovative solutions are required to appropriately staff the regional Local Services centres without disrupting the mental health workforces working in regional EDs.

4. Feedback to Q6. What are the top three things we have to get right to make the Local Services the best they could be?

System Integration

Mental health is inextricably linked with a range of other systems. Real-time data sharing on service capacity is essential to ensure referrals across services are appropriate, and to capture the demand for specific services. It is imperative that these services are developed with system integration being a foundational priority, with funding dedicated to maintaining that integration.

Service Capability

Patients presenting to EDs for mental health care routinely experience excessively long wait times to receive mental health care. It is essential that these new services add to system capacity, rather than replace capacity in the acute services.

Resourcing

Underinvestment in acute mental health services has meant acute mental health services are unable to meet demand for high acuity mental health care. The total number of mental health beds in Victoria has decreased in absolute terms. Resourcing Local Services must not be to the detriment of our acute services.