

Productivity Commission into Mental Health Draft reform response

headspace Geraldton manager.

Draft reform areas: in consideration of remote and regional mental health for young people.

1. Prevention and Early intervention for mental illness.

- Proactive outreach needs professional and well-trained people to delivering the service.
- The mental health of Australia's young people is key to the nation's productivity and economic success.
- Utilisation of neuroscience informs around onset of mental illness between the ages of 10-24yrs thus effective early intervention for young people presents the best opportunity to reduce costs that come from possibly decades of human and economic impact of a young person cannot enter a service.
- The draft report seems to miss completely the strengths of how we on the ground experience working in the headspace model and its ability to service and respond locally to young people during this critical time of development and impact at the beginning of their experience living with a mental illness. Young people accessing a service that is relatable to them is critical for engagement now.

ie. For example as a mental health social who has experienced employment in three states over 15 years of work with young people headspace Geraldton has the flexibility to adapt to local needs and presentations to a degree that no other clinical service I have ever worked in has. A key part of the model that is missing in regional/ remote areas is the capacity to entice private practitioners to work for headspace as quite simply the work force does not exist. Regional/ remote headspaces need funding on a needs basis around private practitioner capacity...more core full time staff wages in a budget essentially. Staff position increase is the only way to be able to provide services that are equal to the access an urban young Australian has. **Yet headspace Geraldton has been able to be creative in service delivery to a point via partnerships:**

- NGO's ...a variety of private organisations working together for the benefit of young people in the community ie. Geraldton Port Authority providing money for fuel to enable creative service delivery for Bush Adventure Therapy and Bush Heritage Australia offering private conservation land for utilisation around improving mental health outcomes for young people.
- Placement of staff in schools with priority group needs ...primarily ATSI in our region.
- Starting an Outpost model that delivers clinical care to marginalised young people who do not have parental/ carer support around access.
- Multiple access points and multiple ways into support ie. 3 staff imbedded with local Clontarf Football program. Bush Adventure therapy for Juvenile Justice Clients, friends and Family imbedded in practice.
- A service pathway that can address young people who walk in and who display distress / Got A lot Going On' means no young person is ever turned away from the help seeking moment of they are in immediate need.
- The model enables us as staff to be where young people are and to hear what they want to say about their needs any time. It looks nothing like a medical model of service yet it

is staffed by a multidisciplinary team (GP, Psychology, social work, nursing etc) and provides a clinical service.

- The senior teacher emphasis in the draft report seems confusing considering professional expert in family systems and case management work exist – Mental Health Social workers have training in relations and contextual understanding of mental health as core business. A model that exists for children and families involved in the primary ages could be utilised for early intervention family support, referral pathways and not therapy... rather early intervention needs met in early primary ages.

2. Critical gaps.

- Alternatives to Ed presentation needs creative MOU's and partnerships and this would require a dramatic practice shift from state mental health service systems in WA.
- Hub and spoke models for acute care. Services that are strategically placed / based particularly in regional and remote context for those that identify as Aboriginal and Torres Strait Islander and Young people so they do not have to leave the region they live in.
le. The progressive Italian Trieste model of public psychiatric care where the suffering person not the disorder is at the centre of the health care promoting social inclusion and full citizenship of users of mental health services. Has the commission looked at the best practice models in the world after deinstitutionalisation??
Constantly users of mental health services state that if able they want a model of care that can genuinely treat a person 24/7 in times of need and de-escalation that does not look like a clinical space.

3. Investment in Services beyond health.

- Housing of course is imperative and for young people as an issue that requires relevant and specialised service provision to ensure housing is supported while the young person is in recovery and reengagement back into work or study is ongoing.

4. Work.

- This was a curious and confusing area of the draft report.
- Work related mental illness should be a part of OHS planning and workplace standards.
- IPS – Individualised Placement Support program for young people around vocational outcomes should be a standard program in all bricks and mortar headspace centres....it is key to recovery and productivity of our country that young people are supported into the work force if living with mental illness.

5. Care coordination and Governance.

- Single care plans – state and federally funded services need regional leaderships to ensure this happens, as it is a sound idea. As a best practice, this takes time and this would need to recognition from a funding perspective.
- Key tension between NGO and state funded organisations around communication pathway and sharing of information would need resolution.

Rebuild the model gets my vote!

Rural Issues particular to young people, mental health and headspace.

* funding needs to be specific to regional/ remote needs.

* headspace model offers a clinically sound service deliver model that is transparent financially, well supported clinically and overseen with clear leadership and Governance. The limitation in a regional/ remote area is the reliance on Private Practitioners to provide clinical counselling support. This work force does not exist in high numbers in particular areas of Australia such as Geraldton in WA and core budgets need to reflect funded staff positions in order to support systemic challenges in delivering mental health care to such regions. Rural and remote communities require well-funded services to work in the preventative and early intervention area of mental health – a place headspace covers well.

* headspace Geraldton has the flexibility to adapt to local needs and is only limited in service delivery due to staff numbers (3 clinical allocation from the core budget for a population of 40,000 +).

* Reform should look at wrap around services that can be imbedded in service delivery models that already exist like headspace Geraldton ie. acquiring: IPS (individualised placement support) for vocational needs of young people living with mental health issues, wages for GP programming to ensure a regular GP practice in headspace's that exist in regional/ remote communities that are isolated and cater to very marginalised populations.

* Workable MOU's between state and federally funded health services.

* Funding for Single Session Family Consultation sessions of which can often be a fast way to address some issues in that families that can bring about positive change in terms of mental health outcomes.

* **clinically robust programs** that are transparent with data and work from evidenced based practice models specific to community needs are the places that further services need to be imbedded in in order to wrap support ie. housing, vocational and physical health. The one stop shop model works for people suffering where clear and fast pathways exist into planned care and support. **Inadequately trained staff often exist working on programs in regional and remote areas, which can often exacerbate the health issues of service users and waste taxpayers \$\$.**

* headspace in our community has shown to be flexible, adaptable, role models a completely humanistic way of working, puts the person at the centre of all work not the issues, minimises all barriers to care, displays clinical excellence, can access best practice information, neuroscience and programming from the national body easily.

* A key for clinical practice when working in the headspace model is the ability to integrate the latest neuroscience (neurogenesis and aerobic exercise, eat, sleep, exercise) combined with motivational interviewing and family work into practice immediately. From a productivity perspective, the evidence informs us that this can be way to fast track improved mental health outcomes for young people.