Canberra Medicare Mental Health Centre

Model of Care

Adult Mental Health Centre

Contents

Record of policy development:

Version number	Date of issue	Lead author/ reviewer	Consultative panel	Significant changes on previous version
2022/1	28/07/2022	Vanessa Hamilton	Think Mental Health Management Team	Nil, first version
2022/2	21/12/2022	Vanessa Hamilton	Canberra Head to Health Steering Committee	Range of updates to incorporate feedback from Steering Committee
2023/1	16/01/23	Vanessa Hamilton	Think Mental Health Management Team	Minor edits to include missed points in previous update
2024/8	2/8/24	Reese Chen	Think Mental Health Management Team	Naming, logo and team updates, incorporation of child safety and gender affirming care principles

Canberra Medicare Mental Health Centre acknowledges the Traditional custodians on the land on which we live and work, and of the many different nations across the wider regions from which we all come. In Canberra this is the Ngunnawal people. We pay our respects to the Elders past, present and emerging as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation.

1. Overview

Canberra Medicare Mental Health Centre formerly known as Canberra Head to Health, is committed to providing person-centred, high-quality health care for consumers and carers within the ACT region. The model of care (MOC) for Canberra Medicare Mental Health Centre has been localised following extensive consultation with key stakeholders across the region, to ensure that we provide the right level of care, at the right time to those in need.

The MOC developed for Canberra Medicare Mental Health Centre incorporates the four core service elements from the National Service Model (Revised June 2021) along with localised aspects to provide the best possible service for our region. The MOC has been designed to address local gaps, assist people to navigate what is recognised as a complex sector, and provide unmet demand for services for consumers with moderate to severe mental ill-health within the ACT region.

This document seeks to present the MOC from the perspective of the consumer's journey. It articulates the core funded services, the nature and intent of interventions, and the clinical and wellbeing services and supports that will be available. It also outlines the collaborative approach taken in the Centre, to ensure integrated, recovery-oriented care planning is undertaken with a focus on high-quality outcomes for all consumers, family, carers and support people. A definitions section (p.17) can be found in the later part of this document which may assist in readability.

2. Background

Established in 2021, Canberra Medicare Mental Health Centre is a Commonwealth funded initiative commissioned by the Capital Health Network (CHN) and delivered by Think Mental Health (TMH). Canberra Medicare Mental Health Centre began at an interim site between December 2021-22. The permanent site officially opened in February 2023 and has been fully operational since this time. Originally established as one of the eight pilot Adult Mental Health Centre's, it has been the sole centre within the ACT and a significant project that stemmed from the Productivity Commission (PC) report Inquiry into Mental Health in 2020-21. It is noted that a new Centre in Tuggeranong is planned to launch in December 2024.

The PC Report noted the complexity of the mental health system in Australia and that many consumers were unable to source appropriate services to meet their needs within the complex mental health sector. The Commonwealth have invested significant funds in the establishment of community-based adult mental health centres delivered by multidisciplinary teams who will provide holistic, collaborative care. These new centres are intended to play an important and unique role within the fragmented mental health service landscape, and help to connect people experiencing distress to services which best meet their particular needs either through the centre, or through supporting pathways to appropriate care.

The Commonwealth have provided a high-level Service Model (Department of Health and Aged Care, 2022) which outlines four key service elements;

1. **Highly visible entry point for service for people in distress**, including those at heightened risk of suicide, where all feel safe and welcomed, providing support that may reduce the need for emergency department attendance.
2. Provide **in-house assessment**, including standardised Initial Assessment and Referral (IAR), information and support to access appropriate services.

3. Provide **point of connect people to other services** in the region, including service navigation and warm referral pathways to ensure individuals, family, carers and support people can access the right services.
4. Provide **evidence-based and evidence-informed immediate, and short to medium term episodes of care**, including utilisation of digital mental health platforms.

These four key service elements form the basis of our MOC, ensuring we provide a regional approach that fits within the broader national service model.

One of the strengths of the Commonwealth approach to the Adult Mental Health Centres has been the use of a National Model with the opportunity to regionalise, thus ensuring each region can design a model to meet the needs of local consumers.

To ensure our model met local needs, we engaged in consultation with a broad range of key stakeholders and took an iterative approach to designing the best MOC for our region. The consultation process included engagement via provision of information, surveys and organised consultation meetings with the following representative groups;

- Canberra Head to Health Steering Committee:
    - Capital Health Network,
    - ACT Health Directorate,
    - Canberra Health Services,
    - Office of Mental Health and Wellbeing,
    - Mental Health Community Coalition of the ACT,
    - ACT Mental Health Consumer Network,
    - Carers ACT Mental Health Carers Voice,
    - Lived experience representation,
- ACT Government tertiary services: Access Mental Health,
- Community Sector Mental Health providers: CatholicCare, Grand Pacific Health (headspace) and Woden Community Services,
- Community consultations: Consumer members of the ACT Mental Health Consumer Network and carer members of Carers ACT,
- Primary care providers: CHN Clinical Editors (GPs) and General Practice Liaison Unit and other local GPs,
- Private psychiatry network: via ACT specialist college.

All feedback and information provided has been incorporated, where possible, into the MOC designed for Canberra Medicare Mental Health Centre.

3. Principles of Care

As detailed within the Quality, Safety and Clinical Governance Framework Canberra Medicare Mental Health Centre is designed to provide access to safe, high quality, evidence based, and evidence informed services that are inclusive and appropriate in their practices. There are several principles that underpin all delivery of care within the Centre:

- Respecting the rights and responsibilities of people using our services,
- Providing timely access to user friendly services,
- Being culturally safe and appropriate in our practices,
- Being family, carer and support person inclusive in our practices,
- Being inclusive of all forms of diversity,

- Providing gender affirming care,
- Providing holistic, trauma informed, integrated care,
- Providing for care for co-occurring issues,
- Working in an integrated clinical system with a multidisciplinary team,
- Using safe practices that comply with regulations and legislations,
- Using evidence based and evidence informed practices where these exist.

We acknowledged and apply the Triangle of Care model (Worthington, Rooney & Hanna, 2013) recognising the value and ongoing role that family, carers and other support persons play in the life of someone with mental ill-health. We work to ensure we have ongoing and informed consent, to enable the care team to be fully engaged in recovery planning throughout all stages of a consumer's engagement with our services.

As an adult mental health service, Canberra Medicare Mental Health Centre acknowledges, applies and reviews the National Principles for Child Safe Organisations as relevant. Child safety and wellbeing are important to our service, we ensure that young people are well-informed about their rights as well as actively involved in decisions affecting them. All clinicians working in the Centre are required to have an ACT Working with Vulnerable Persons check (WWVP) and receive ongoing training on mandatory reporting requirements. Parents are also engaged in promoting child safety and wellbeing where necessary. Both our physical and online environments are designed to prioritise safety and reduce harm.

At the Canberra Medicare Mental Health Centre, we follow the ACT governments Guidance to Support Gender Affirming Care for Mental Health. Gender affirming care is provided according to guiding principles from the National Mental Health Standards. Our staffing along with our Consumer Advisory Group (CAG) also reflect community diversity and our commitment to respecting differences. We have engaged Meridian, a community controlled, peer-led organisation to deliver training to our staff to ensure the team are confident and competent in delivering safe care for all. Staff at all levels are encouraged to normalise asking for pronouns and show visible support to gender diverse crowds by displaying symbolic iconography.

4. Purpose and Scope

Canberra Medicare Mental Health Centre is designed to complement not replace or duplicate mental health services already provided within the region. The model is not designed to offer long term, multi-year care but will be based on an episode of care model, delivering packages of evidence-based or evidence-informed care and support to family, carers and support people to meet the short to medium term needs of consumers.

The Centre will provide accessible, responsive services that collaboratively assess consumer's needs and provide timely resources, referrals and services to meet the identified needs. Services may be provided internally within the Centre or via service navigation and warm referral to existing services, best matched to meet consumer needs.

The Centre operates as a safe and inclusive service for all those who live, work or play within the ACT. Services do not require a particular severity or mental health diagnosis; they are freely available to all in need. We welcome those from diverse backgrounds, including our first nations peoples, those from culturally and linguistically diverse (CALD) backgrounds and members of the LGBTIQ+ communities. We also welcome those who may face particular challenges with complex and/or co-occurring needs, including alcohol, drug or dual disabilities.

The Centre will deliver a range of evidence-based and evidence-informed, person-centred, recovery-oriented and cost-effective mental health services to the community. Services provided will be aligned with a stepped care approach, designed to fill the gap is existing service provision and evolve over time within an iterative approach to service delivery.

The Centre will openly share knowledge and expertise in a manner that is conducive to capacity building and collaboration across the mental health care sector. This will include supporting GPs and other health professionals to make appropriate referrals to Medicare Mental Health Centre or to access referral networks and knowledge developed by the Centre, ensuring people are referred to the right place, for the right care, at the right time.

The Centre will ensure efficiency and effectiveness of practice, being cognisant of cost-effectiveness and timeliness in the development and implementation of service delivery and referral pathways. This will include the appropriate use of digital technologies, existing and emerging, that facilitate improved consumer access and outcomes. An innovative and evaluative approach will be taken, ensuring a continual cycle of quality improvement to optimise available services to consumers.

5. Intended Outcomes

The key measures of success of Canberra Medicare Mental Health Centre implementation, as defined by the Commonwealth Department of Health (*Evaluating the Service Model*, p. 29) are:

1. Medicare Mental Health Centre will be recognised as an accessible entry point to the mental health sector,
2. People will be able to access the right services to meet their needs,
3. People will receive immediate support to reduce emotional distress (resulting in reduction of non-acute presentations in hospitals).

6. Cohort

All people 18 years and over who live, work or play in the ACT and require support to manage their mental health are eligible to access Medicare Mental Health Centre for information, assessment and connection to services that meet their needs. This broad cohort will be supported to access the right level of service within the community through Medicare Mental Health Centre or through other lower or higher intensity services.

Additionally, Medicare Mental Health Centre recognises the need for flexibility to meet the needs of those seeking mental health services. Where applicable, services are offered to independent help seekers aged 16 years and over; particularly pertaining individuals with severe or complex needs and unable to access other services.

Priority will be given to those consumers with moderate to severe mental health needs, as assessed by use of the Initial Assessment and Referral (IAR) tool, for access to intervention services delivered within the Centre.

Priority will also be given to addressing service gaps in provision of support for those who are in underserviced or hard to reach populations, including those for whom there is no existing service locally and those at risk of disengagement from services.

In addition, the service will prioritise those identified as vulnerable persons, this includes: first nations peoples, culturally and linguistically diverse peoples, sexual or gender diverse peoples, men over 50 years of age and Veteran populations.

7. Multidisciplinary Workforce

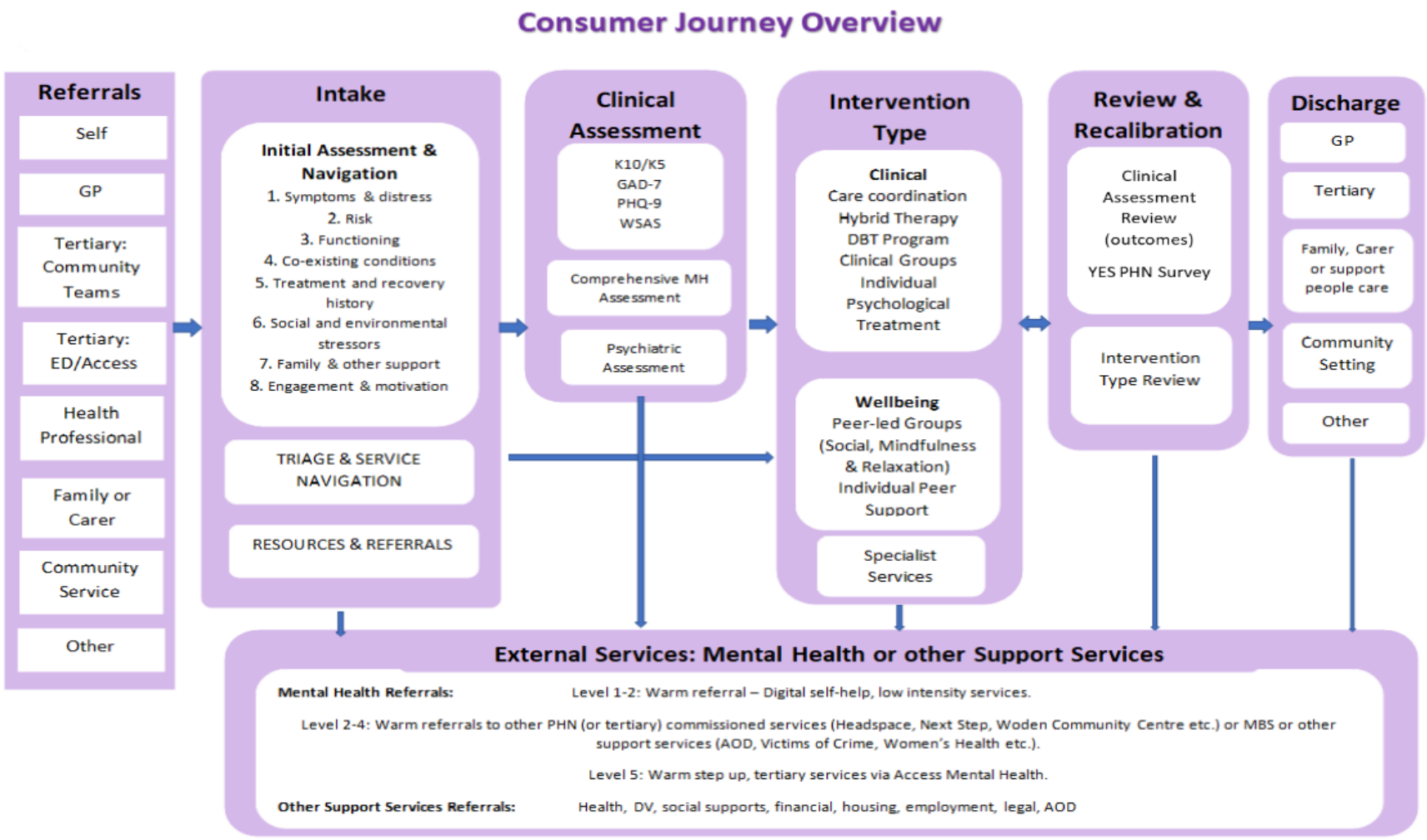
Canberra Medicare Mental Health Centre is staffed by a multidisciplinary workforce, to ensure the best outcomes for service users. Figure 1 provides a snap shot of the teams and services provided, including qualifications to perform these tasks.

Figure 1: Multidisciplinary workforce by team and services

Team	Services Provided	Qualifications/Profession
Intake Service	Support for people in distress Completion of intake (IAR) Service navigation	• Minimum of 3yr degree in behavioural, health or social sciences
Clinical Services	Care Coordination Hybrid Therapy Individual Psychological Therapy Dialectical Behavioural Therapy Program Group Programs Specialist Services	• Registered/Accredited Health Professionals: social worker, psychologist, clinical psychologist, occupational therapist, counsellor, nurse, psychiatrist
Wellbeing Services	Peer Social Group Mindfulness and Relaxation Group Individual Peer Support	• Lived experience of mental ill-health & completion (or working towards) of Certificate IV in Peer Work • Emotional and social wellbeing case worker with appropriate qualifications and/or relevant experience (Aboriginal identified)

8. Consumer Journey Overview

Figure 2 – Consumer's Journey through Canberra Medicare Mental Health



h Centre

9. Key Services

In line with the National Service Model, Canberra Medicare Mental Health Centre has four core key services available within the Centre. These are:

- Accessible service and support for those in distress
- Assessment
- Service navigation; and
- Interventions, which are divided into;
    - Clinical Services
    - Wellbeing Services

9.1 Accessible service providing support for those in distress

Canberra Medicare Mental Health Centre is located in Canberra City, it is accessible via public transport and personal vehicle, with on street parking available nearby. The Centre has been designed to provide a warm and welcoming environment. It includes a bright and open reception and waiting space, in addition to an accessible quiet room (safe space) off the reception area that includes, various seating options, a hot/cold/sparkling water point and healthy snacks. There are nine consulting rooms, a specialist room and group/meeting room, in addition to staff workspaces.

The phoneline (1800) operates during business hours (8:30am – 5:00pm) Monday – Fridays and our online information and call back request is available 24/7. The Centre opens normal business hours, with extended hours (till 7pm) on Tuesdays and Thursdays, along with a range of clinical group programs offered afterhours. Our opening hours are flexible and we aim to be responsive to service demand and consumer feedback, ensuring we are accessible in the manner the local community require.

People can walk-in or telephone to seek support at times of distress. Whilst the service does not provide crisis management, we do provide support in times of need and if necessary/appropriate will provide warm hand-over to acute services who do provide crisis management. We also work closely with Safe Haven in Belconnen who provide after-hours support for those in crisis and/or distress, enabling the Centre to focus on addressing gaps and not duplicating available services.

The Centre aims to reduce risk and demand for acute services by providing person-centred, non-judgemental and timely support for those experiencing situational or emotional distress. This service is provided predominantly by our Intake Team as part of their core business, in addition to having an onsite peer worker available to provide support for those who would prefer to engage with someone with lived experience.

9.2 Assessment

We provide two distinct types of assessments within the Centre, each with a different purpose and provided by a different clinical team.

9.2.1 Initial Assessment and Referral (IAR) - standardised initial assessments are offered to all consumers who wish to go through the process of assessment and referral. It is our standard intake process and is available via two pathways; the phone line and in person services. The IAR is a needs assessment developed by the Commonwealth that assists in developing a thorough understanding of consumers' needs and circumstances, guiding decision making about the most appropriate next steps, aligned to the required level of care. These include: Level 1 (self-management), Level 2 (low intensity interventions), Level 3 (moderate intensity interventions), Level 4 (high intensity interventions) and Level 5 (acute and specialist mental health services).

All new IARs are presented and reviewed at the daily Triage meeting, which facilitates clinical review and best practice decision making in recommendations for appropriate resources and referrals. All consumers are followed up within 24-48 hours of their IAR, for discussion of the outcome of the initial assessment, resources and referral options. This may include review of the level of care and resources recommended, to ensure services are person centred and meet consumers expectations. These details are discussed verbally (via telephone or in-person), then followed up in writing (email or text). A final 7–10-day check-in is scheduled post IAR, to ensure consumers have found resources useful and fit-for-purpose. Should resources provided not be useful or suitable to the consumer, their case will return to Triage for review and further consideration of next steps. This service is provided by our intake staff as our standardised intake process at the Centre.

9.2.2 Comprehensive Mental Health Assessments (MHA) – this is provided to consumers identified during the Triage meeting as presenting as complex and needing more thorough clinical assessment to clarify diagnosis and treatment needs. A comprehensive MHA is undertaken by a mental health professional and all assessments are presented for clinical review. MHA are semi-structured biopsychosocial assessments, to clarify clinical presentation, diagnosis and most appropriate treatment intervention. The outcome of the MHA in some circumstances may be referral to other higher or lower intensity services (external to the Centre) which better meet the individual's needs, rather than providing the episode of care within the Centre. This service is provided by our specialised Clinical team members.

9.3 Service Navigation

People can call or walk-in to receive information about services available within our region. We are open with information provision to members of the public, family, carers, support people, other health professionals and service providers. For specialised information about the best matched services to meet consumer need, people do need to have completed the Intake process (IAR) so we are fully aware of individual circumstances and are best placed to match referrals to need. All consumers after completing an IAR receive careful and well-matched resources and referrals, including clarity on wait-times and any potential barriers to engagement with services.

The team provide warm referrals and with consumer consent, ensure their information goes with them to the referred services, to minimise consumer need to re-tell their stories and provide smooth pathways into services. For all consumers who have been through our Intake process, we provide follow up at 24-48 hours and again at 7-10 days to ensure resources and referrals have been suitable, engaged with and met the needs of our consumers.

Typically service navigation ends when the information and warm referrals are provided to the consumer at the 24–48-hour call. Service Navigation is a critical component of our MOC and is provided by our intake staff as a standardised process after all IARs. At times, consumers with particularly complex needs and barriers to engaging with referrals will be stepped up to receive care coordination within the Centre.

9.4 Interventions

9.4.1 Clinical Services

The Centre provides a range of short- and medium-term clinical intervention services depending on consumer need. These include; care coordination, hybrid therapy, individual psychological treatments, dialectical behaviour therapy (DBT) program and a range of group programs. The particular mix of these services will depend on the assessed need and the recovery plan for each

individual. For example, some people with complex needs may receive a short-term stabilisation focused intervention whilst they wait to access a longer-term service within the community which better meets their long-term needs. Others may receive a substantial episode of care which includes access to groups, care coordination and individual psychological treatment.

9.4.1.1 Care coordination

Care coordination is a program that has evolved to provide more substantial support to consumers who have complex needs and barriers that disrupt their ability to fully pursue and engage with the most appropriate services. The process of care coordination involves one allocated staff member working collaboratively with the consumer to arrange and facilitate their engagement with relevant services that meet their recovery needs and or/goals. Care coordination is particularly useful for those with complex care needs and aims to help people integrate their care across providers and with the goal of improving health outcomes whilst promoting autonomy and self-agency for the individual.

The care coordination model works from a biopsychosocial perspective, which recognises that the complexity of a consumer's presentation is impacted by many factors, including social, environmental, financial, cultural and psychological. As a result, the care coordination pathway will help to achieve consistency of care, through clear communication, linkages and collaborative integrated care planning between relevant services to meet the consumer's unique needs.

9.4.1.2 Hybrid Therapy

This is an innovative program delivered via the Centre. It is a hybrid of individual counselling and digital mental health treatment programs. Digital mental health programs have a growing evidence base and provide structured, discreet, convenient and effective treatments. Whilst these programs have a good evidence base, in terms of symptom reduction and positive outcomes for consumers, there uptake and completion can sometimes be problematic.

The hybrid therapy program is aimed to reduce drop-out and improve completion rates for those undertaking the digital mental health program. The digital programs we prescribe are evidence-based internet-delivered Cognitive Behavioural Therapy (iCBT). The iCBT is delivered in collaboration with This Way Up (TWU) which is a trusted Australian provider who have developed a secure online platform to support mental health professionals in using iCBT with their clients to improve outcomes. TWU is sponsored by the Australian Government and supported by a team of academic and clinical staff at the Clinical Research Unit for Anxiety and Depression at St Vincent's Hospital, Sydney and the University of New South Wales (NSWW) Faculty of Medicine.

As part of Canberra Medicare Mental Health Centre's commitment to ongoing high-quality service and innovative service provision, we have trialled and now embedded this program within our service offerings. All referrals to this program will come via the triage and are allocated by the Clinical Team Leader.

Following referral, an initial in person session is scheduled for the consumer and one of our clinicians. This session is designed to identify the presenting problem, outline the hybrid program, identify the best program for the consumers' needs and review any potential barriers to successful completion. A person-centred, collaborative approach is taken to address likely benefits of the program and how best to structure sessions to fit with the consumers lifestyle and needs. Consumers are given the option to complete the online modules at home on their own device, or at the Centre on one of our devices, within our specifically designed E-therapy space. This space provides free access to computers, high speed internet and support (if needed) to navigate the

online platform. This program alternates in person counselling sessions with completion of online modules, at a negotiated pace and structure to meet the consumer's circumstances.

9.4.1.3 Individual psychological treatment

Individualised psychological treatment interventions are provided for consumers who are identified with moderate to severe mental health needs and cannot better be serviced by existing external services. A collaborative, person-centred episode of care model is provided, with all consumers receiving evidence-based or evidence-informed individual interventions. This includes provision of evidence-based and evidence-informed individual therapy based on an episode of care model to support consumers with moderate to severe mental health needs, who cannot access appropriate treatment within elsewhere. The duration of interventions is dependent on consumer need and is typically in blocks of 6 sessions (6/12/18) with in-built review. These interventions follow the comprehensive MHA and clinical review, including case formulation and treatment planning and may be supported by care coordination, including development and support for recovery-oriented collaborative shared care planning to link clinical needs to broader services.

Interventions provided depend on individual case formulations and the evidence-base and are likely to include;

- Cognitive Behaviour Therapy (CBT),
- Acceptance and Commitment Therapy (ACT),
- Eye Movement Desensitisation Therapy (EMDR) and/or
- Dialectical Behaviour Therapy (DBT).

These interventions are provided by our clinical team.

9.4.1.4 Dialectical Behaviour Therapy Program

The Centre has developed a Dialectical Behaviour Therapy (DBT) program to meet an identified gap in local services and consistent demand for this type of service to support consumers seeking assistance via the Centre. This program focuses on behavioural change to develop more effective ways of managing extreme emotions and distress. It is a program in high demand which is resource intensive and will often have an active waitlist.

Our program was been developed in consultation with the Australian DBT Institute, with their provision of training to all staff and support in our program design, review and evaluation. We have developed this program in collaboration with local providers who work with consumers who would benefit from this type of program, providing funded access to training and consult. Due to persistent high demand for this program and consumer-feedback, the program has been expanded to include multiple skills groups and more recently the addition of a skills-only group called 'DBT Essentials'. This skill-only program is part of our active waitlist management and all participants get to complete the full DBT program are the essentials, if they wish.

The Centre's DBT program includes the following four components;

- Group skills training – provided within the Centre by clinical staff, this includes 9-week modules running to school term, with the full program requiring completion of three modules (Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness). Noting our program design has Mindfulness embedded at the start of each module.
- Individual DBT therapy – provided either within the Centre by clinical staff or by suitably trained external providers (psychologists) who are program collaborators (CatholicCare or

private practicing psychologists). This component begins prior to consumers starting their first skills group, for a 4–6-week period of pre-commitment. Consumers are asked to commit for 4-6 weeks pre-group, then 27 weeks (3x9week groups).

- Phone coaching – provided within the Centre by the clinical staff.
- Therapist consult and supervision– facilitated by Centre staff, consult is held fortnightly to support all those involved in program delivery. DBT specific supervision is available for clinicians' delivering components of care. Both are designed to support to clinicians and ensure program adherence with the DBT model.

All components run during school term and have a built-in break during holidays, except for phone coaching which remains available ongoingly. This ensures scheduled breaks for both consumers and clinicians, to reduce burn-out and aide ongoing commitment to the program.

A new addition was added to the DBT program during the long Christmas break over 2023-24, providing DBT skills-only for those in need of additional support during the scheduled program break, this was our *DBT Summer School*.

9.4.1.5 Group programs

The range of group programs offered at the Centre is dependent on consumer need and has evolved over time to fill identified gaps, as the model of care is iterative, we expect the offerings to change over time. The following groups are currently available within the Centre:

- Health Coping Workshop
- Men's Resilience Group
- Introduction to CBT
- Healing from Trauma
- Strength in Diversity
- Insomnia Program

The clinical groups are delivered by clinical staff and at times, include a peer worker. Groups are delivered on a rotational needs basis, meaning not all groups are delivered every term.

9.4.1.6 Specialist Services

The Centre offers specialist (psychiatrist) services with one psychiatrist on staff, part-time two days per week. The specialist provides direct clinical services to adults who present with complex mental health issues. The specialist will provide clinical assessment, diagnosis, review and interventions within an episode of care model for those with complex mental health needs. This service will be available to individuals who come via our standard intake process or may be referred internally from our clinical team, when identified as requiring psychiatric input and they cannot source appropriate psychiatric care elsewhere. Psychiatric care is short-term and all consumers are connected to an appropriate GP for ongoing care.

9.4.2 Wellbeing Services

The Centre provides a range of wellbeing services led by peer workers and/or social and emotional wellbeing (SEWB) case worker (aboriginal identified position). The Centre is committed to embedding those with lived experience of mental ill-health into our service model and be part of our service delivery team. Upon review of consumer demographics, the value of adding in a SEWB worker has been highlighted and will become part of the Wellbeing team. We ensure that peer workers are available to those engaging with services, to provide individual support as part of a consumer's journey through the Centre, in addition to delivering a range of peer-led group

programs. We deliver both a *Peer Social Group* focused on building social connections amongst participants and a Relaxation and Mindfulness group that is skills development focused. Both group programs run each term.

Wellbeing groups are delivered in partnership with a local service provider, Stride Mental Health. Our groups are available onsite at the Centre, accessed via the standard intake process (IAR) and are available to any consumer engaging with the service. The second component of these services include an onsite Peer Worker, providing concierge-type services to consumers, to support their journey through the Centre, liaise with clinical staff and other services on behalf of the consumer and provide non-clinical support during their recovery journey.

10. Collaborative Shared Care and Recovery Planning

A focus on facilitating joined up, integrated care is important to the model of care at Canberra Medicare Mental Health Centre. When a consumer requires the support of multiple services, the care team (see definition, section 14) will come together with those parties, including family, carer or other support persons, health workers, GPs and other support services, to establish agreed working practices and develop a Collaborative Shared Care (Recovery) Plan. All consumers engaged in individual psychology services complete a Collaborative Recovery Plan at the start of their treatment, this is shared with the treatment team and regularly reviewed.

There are two ways in which the Centre facilitates collaborative shared care arrangements:

- Internal partnerships between multidisciplinary clinicians or other providers who work at the centre and collaborate on the recovery care plan for individuals;
- External partnerships and shared care arrangements with other individuals or services providing support needed to get the best outcomes for consumers with complex needs.

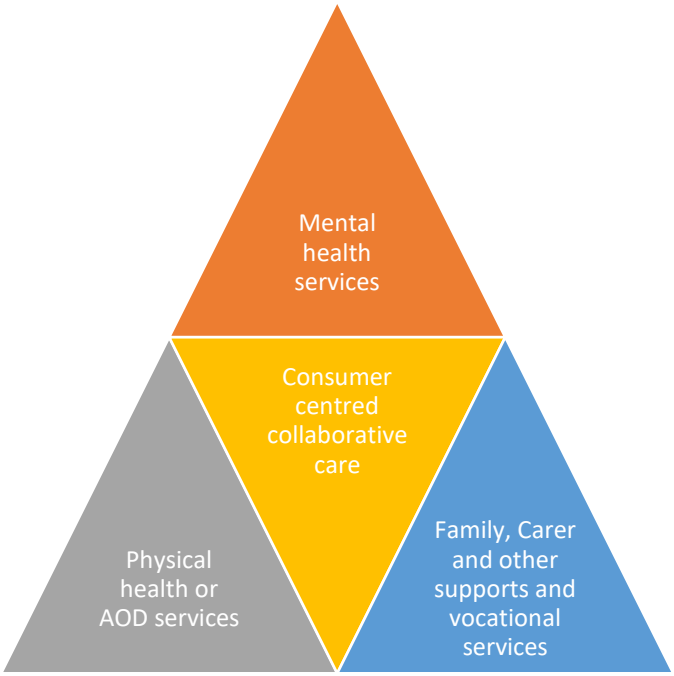
For external partnerships, a Collaborative Shared Care Plan will promote a shared understanding of the consumer and their person recovery goals, promote consistency in practice, avoid duplication of care, reduce stress, and ensure all care team parties are working towards the consumer's identified goals. Ongoing and informed consent, along with confidentiality and appropriate information sharing are central tenets to a recovery-oriented collaborative shared care plan.

Collaborative safety plans are developed and documented for those consumers who present with risk of suicide, and shared with all care team members, when clinically indicated.

A whole-of-person approach will be taken, ensuring physical health needs are managed in concert with mental health and broader social and/or vocational needs. The team will work with consumers to facilitate links back to their GP and where the consumer does not already have a regular GP, we will work with the consumer to establish an appropriate GP.

Clear communication with the referrer and the consumer's care team, including their GP will be paramount. This includes the provision of regular feedback, treatment reports as necessary and formal care team meetings with all members at a frequency matched to consumer need. Formal care team meetings may occur face-to-face or via telehealth/videoconferencing and will be generally coordinated by Centre staff.

Figure 3 – Partnerships for Consumer Centred Collaborative Care



11. Service Exit/Discharge

The Centre operates within an episode of care model, which means discharge and recovery planning is key from the beginning of engagement with our services. This includes the capacity to step up or step-down care for those receiving services, whose needs may change during their involvement with the Centre.

The Centre provides a range of services which have variable duration. Regardless of the duration of involvement with the Centre, planning for discharge is always considered and is conducted in conjunction with the care team. This is particularly important for a service that does not provide multi-year care and when consumers are often discharged back into the care of their family, carers and other supports.

At times the service provided by the Centre will be a short-term intervention, focused on attainable goals and/or stabilisation, whilst consumers are waiting to engage with an external service provider who best meets their longer-term needs. In these cases, discharge will occur when the consumer has engaged with the new service and our role ceases. At other times, a lengthy service will be provided internally and there will be no further service required at discharge. In these cases, a clear

relapse prevention plan will be part of the discharge planning, to ensure consumers know when and how to re-engage if their circumstances change.

At service discharge, all members of the care team will be involved in, or informed of, the completion of care, and a summary regarding the rationale and ongoing arrangements will be provide to appropriate third parties. All consumers will receive a user experience survey link at completion of their episode of care with the Centre. This forms part of our continual review process and feeds into our quality-improvement cycle.

12. Community and Service User Engagement

There was a considerable period of engagement across the mental health sector as part of localising the service model for Canberra Medicare Mental Health Centre and to ensure it meets the needs of local service users. We expect this to be an iterative process and will continue to engage with key stakeholders both as part of utilising our Consumer Advisory Group (CAG) and also more broadly with those with lived experience, to ensure we have ongoing input into service design, implementation, delivery and evaluation. Continued community and service user engagement facilitates good awareness of the Centre and what we offer the community, whilst simultaneously building collaboration and partnerships across the sector.

We value community and consumer partnerships and are working to embed a feedback loop, including our own consumer, family, carer and other support persons reference group for those who have had direct service delivery experience with our Centre.

Canberra Medicare Mental Health Centre has developed an overarching framework (Quality, Safety and Clinical Governance Framework) which acknowledges the importance of consumer, family, carer and other support persons participation across the continuous quality improvement cycle at a service level and commits to engaging consumers as partners in their care at an individual level. The framework has four key elements which address different types and levels of consumer, family, carer and other support persons engagement.

This framework, and the key documents and resources which support it, is illustrated in Figure 3.

Figure 4 – Canberra Medicare Mental Health Centre consumer, family, carer and other support persons engagement

Canberra Medicare Mental Health Centre Consumer and Carer Engagement Framework		
Element	**How is this achieved?**	**H2H Policy/Framework**
Consumers, family, carers and other support persons as partners in care	Input to care planning Informed consent Promoting opportunities for self-care Peer support	Informed consent policy H2H Model of Care
Input to service design and implementation	Consultation with people with lived experience in designing models of care Consumer advisory structures	H2H Safety, Quality and Clinical Governance Framework
Input to Monitoring and review	Engagement of consumers through the continuous improvement cycle	H2H Safety, Quality and Clinical Governance Framework

	through regular surveys, focus groups and advisory structures.	
Ongoing feedback on the safety and quality of care	Opportunity for: • Complaints • Compliments • Suggestions	Complaints and Feedback Policy

13. Quality, Safety and Risk

We have a comprehensive Quality, Safety and Clinical Governance Framework which has been put in place to facilitate effective clinical governance whereby the Centre can meet its legal and ethical responsibilities for the provision of safe, quality programs and services provided by our staff and subcontractors. This framework also sets out the commitment of Canberra Medicare Mental Health Centre to implement safety and quality systems. This include developing our broad ranging policies and procedures, identifying risk, monitoring performance, analysing clinical incidents, implementing quality improvement processes, and reporting to the Primary Health Network and Commonwealth on the performance of these systems and outcomes of care.

Our Framework allows Canberra Medicare Mental Health Centre to be clear about how we will define, deliver and review quality care in partnership with consumers, their carers and support systems. Clinical governance, as outlined in this Framework, will seek the following outcomes:

- **Consumers and carers** – will be confident that they are receiving quality care, provided by competent staff working within a learning culture, where there is continuous monitoring and review of standards of practice;
- **Staff** – will understand their roles and responsibilities, will be supported to provide quality care, and will be engaged in a system designed for continuous monitoring and improvement;
- **Members of governing bodies** – will understand their roles and responsibilities, demonstrate effective leadership, monitoring and respond to performance and ensure risk is identified and managed;
- **Partnering Organisations** – will understand each other's roles and responsibilities and be able to demonstrate their accountability for ensuring evidence-based care is delivered safely, efficiently, and appropriately in accessible locations.

The framework has been developed in line with the National Model Clinical Governance Framework published by the Australian Commission on Safety and Quality in Health Care. It is also intended to be consistent with the National Safety and Quality Health Service (NSQHS) Standards – in particular, the Clinical Governance Standard and the Partnering with Consumers Standard. It is informed by the National Service Model for Medicare Mental Health Centre Adult Mental Health Centres and Satellites (revised June 2021).

14. Definitions

Care team	means the consumer, family, carer or support persons and all health workers involved in the collaborative shared-care plan development to

	address the health and other support needs of the consumer. Health and other workers include mental health professionals, other clinical staff such as AOD workers, peer workers, General Practitioners (GPs), emotional and wellbeing support workers, housing workers and other social and occupational support services, including family, providing care to the consumer.
Catchment	refers to the PHN regional area outlined in the service contract.
Episode of Care	means the period between formal entry to and exit from service, during which treatment for the presenting concern(s) is provided. This includes treatment for the reason defined at the point of referral, and during the treatment period, and usually includes multiple occasions of care. Formal exit from the service includes formal discharge from the service's electronic patient management system, Care Monitor (CM), as the person's episode of care remains open until this process has been finalised.
Model of Care	means the model of care (MOC) document as updated from time to time by the service provider in consultation with the CHN.
IAR	refers to the Initial Assessment and Referral Tool. This is the initial intake assessment used to gather information from the consumer about needs and to guide decision making about the most appropriate next steps, aligned to the required level of care. These include: Level 1 (self-management), Level 2 (low intensity interventions), Level 3 (moderate intensity interventions), Level 4 (high intensity interventions) and Level 5 (acute and specialist mental health services).
Step down care	refers to the process and procedures required to facilitate transition to other mental health services of lower intensity in consultation with a consumer, carer and care team, as clinically appropriate.
Step up care	refers to the process and procedures required to facilitate transition to other mental health services of higher intensity in consultation with a consumer, carer and care team, as clinically appropriate.
Stepped Care	is an evidence-based, staged system of care, compromising a range of help and support options of varying intensity, matched to the level of need and complexity of the conditions being experienced by any given consumer. Once an assessment is complete, the most appropriate, cost-effective level

	of care will be provided, and then continually recalibrated to the consumer's changing needs. This is based on the consumer knowing themselves, and working with their care team, including their GP, mental health clinician and other health supports to know when to 'step up' or 'step down' their support needs.
Warm referral	refers to the process where Canberra Medicare Mental Health Centre actively communicates with the service to which the individual is connected to provide essential information about their needs before transferring them. Support is maintained for the individual by Centre staff until they are received by the new service.

15. Reference Documents

Internal Policies and associated procedures and guidelines:

- Code of Conduct Policy
- Complaints and Feedback Policy
- Consent and Confidentiality Policy
- Credentialing and Scope of Practice Policy
- Data Governance and Records Management Policy
    - Records Management Guidelines
- Incident Management Policy and Procedures
- Infection Control Policy
    - Covid Risk Management Guidelines
- Open Disclosure Policy
- Risk Management Policy
    - Clinical Risk Management Guidelines
- Supervision and Professional Development Policy
    - Supervision Guidelines
- Quality, Safety and Clinical Governance Framework

External Policies, Guidelines, Standards and legislation:

- National Standards for Mental Health Services 2020,
- All relevant Australian Council on Healthcare Standards,
- Department of Health and Aged Care, Service Model for Head to Health Adult Mental Health Centres and Satellites – Revised June 2021, published 8 July 2022
- All standards outlined in Practitioner's profession's relevant practice standards and competency standards documents,
- Privacy Act 1988 and associated Australian Privacy Principles,
- Health Records (Privacy and Access) Act 1997 (ACT),
- Mental Health Act 2015 (ACT),

- National framework for the recovery oriented mental health services 2013,
- National Principles for Child Safe Organisations 2019,
- Guidance to support gender affirming care for mental health 2021,
- Carers Recognition Act 2021 (ACT),
- Carers Engagement Policy 2021 (ACT)
- The Children and Young People Act 2008 (ACT),
- Fifth National Mental Health and Suicide Prevention Plan, 2020,
- ACT Joint Regional Mental Health and Suicide Prevention Plan
- Allied health credentialing, competency and capability framework 2014,
- Work Health and Safety Act 2011 (ACT),
- Industrial relations legislation and obligations as it relates to employees and workers,
- Mandatory reporting legislation,
- Working with Vulnerable People Act 2011,
- Gayaa Dhuwi (Proud Spirit) Declaration, 2015
- Working with Vulnerable People (Background Checking) Act 2011 (ACT),
- Other PHN policies and procedures relevant to the Program Services and as advised,
- Any other requirement imposed on the PHN by the Commonwealth which may impact the Program Services.