

28 July 2020

Dr Brendan Murphy
Secretary
Australian Government Department of Health

By email: mental.health.liaison@health.gov.au

Dear Dr Murphy

Proposed service model for Adult Mental Health Centres

I write to provide comment on the proposed service model for the Adult Mental Health Centres trial. The Australian Government's commitment to founding eight Adult Mental Health Centres will ensure people experiencing mental ill health and suicidality will have access to the low stigma, connected support they require.

Suicide Prevention Australia is the national peak body for suicide prevention, counting among our members Australia's largest and many of the smallest suicide prevention and mental health organisations.

We have confined our comments to the suicide prevention aspects of the proposed model for the Adult Mental Health Centres.

General commentary

Suicide is more than an expression of mental ill health and is often a manifestation of complex social and situational factors in a person's life¹. Importantly, the *Fifth Plan* highlights that addressing the risks and protective factors for suicide should not be confined to mental health and clinical treatment options². We note also that addressing the risks and protective factors for suicide should not be confined to mental health and clinical treatment options. Preventing suicide therefore requires a whole-of-government, cross-governmental approach that effectively coordinates funding, services and policy attention to address the social, economic, health, occupational, cultural and environmental factors involved.

¹ World Health Organisation. 2014. *Preventing suicide: a global imperative*. Geneva: WHO Press, accessed online at <https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/>.

² National Mental Health Commission. 2017. *The Fifth National Mental Health and Suicide Prevention Plan*. Report, National Mental Health Commission.

The Centre can play an important role in this whole of government, whole of community approach to suicide prevention by providing pathways to services that will mitigate risk factors that link to suicidality: such as homelessness, unemployment and family breakdown. The pathways delineated in the consultation paper, however, are largely confined to mental health services and follow up, in addition to drug and alcohol support. We recommend these are broadened to include active connection to housing, unemployment services and relationship support services.

Principles

Suicide Prevention Australia is of the view that the consumers and carers should be central to the design, delivery and evaluation of services at the Adult Mental Health Centres. Recognising and building in the experience of consumers and carers informs better outcomes for the individuals receiving support, recognises their inherent dignity, and, ultimately, will ensure the Centres achieves the aim of providing a ‘no wrong door’ approach.

We recommend the Principles are updated to include a commitment to placing the experience of consumers and carers at the heart of service design and delivery at the Adult Mental Health Centres.

Core service elements: episode of care model

Suicide Prevention Australia strongly supports the intended role of the Centres as a ‘safe space’ for people experiencing high levels of distress and suicidal crisis. This intention takes up the National Suicide Prevention Adviser’s recommendation to broaden alternatives to emergency department presentations: an action also included in the *Fifth Plan*³. We also acknowledge and support the intention to involve ‘small teams’ to care for people presenting with high levels of distress: including clinical staff as well as peer workers.

There is, however, a lack of clarity and detail concerning the broader role of people with lived experience in the design of the episode of care model. The Suicide Prevention and Recovery Centre trial being developed by Independent Community Living Australia and Roses in the Ocean is an example of a co-designed, peer-led alternative to emergency department or psychiatric care⁴.

We believe the learnings from the Suicide Prevention and Recovery Trial, the safe havens and other initiatives piloting alternatives to emergency department presentation should be leveraged in the design of this core service for the Adult Mental Health Centres. We further advise the Department to actively involve lived experience organisations like Roses in the

³ National Mental Health Commission. 2017. *The Fifth National Mental Health and Suicide Prevention Plan*. Report, National Mental Health Commission.

⁴ Independent Community Living Australia. (2019). *Suicide Prevention and Recovery trial*, online at <<https://icla.org.au/suicide-prevention-and-recovery-centre/>>.

Ocean, and, more generally people with lived experience (including the peer workforce to be employed at the Centre) in service design. This recognises the unique and distinctive experience of people with lived experience of suicidality and their carers; and the value this experience offers for the design of services to meet the needs of people vulnerable to suicide.

Workforce

We welcome the intention to involve a multidisciplinary workforce at each Centre. Doing so will ensure the Centres provide quality, connected care that can be adjusted to the needs of the individual. It is unclear, however, whether the peer workforce involved in the 'episode of care' model for people in high levels of distress and suicidal crisis will consist of people with lived experience of suicide; or whether there is an intention to engage peer mental health workers.

People with lived experience of mental health do not necessarily have lived experience of suicide or suicidality; similarly, people with lived experience of suicide do not necessarily experience mental ill health⁵. We advise the Department to ensure the peer workforce recruited to support people in suicidal crisis at the Centres consist of people with lived experience of suicide.

Further information

Thank you for the opportunity to provide feedback on this important initiative. Should you wish to discuss any aspect of our commentary, please contact Rebecca Burdick Davies, Director, Policy & Government Relations, at rebeccabd@suicidepreventionaust.org or 0401 619 280.

Yours sincerely



Nieves Murray
Chief Executive Officer
Suicide Prevention Australia

⁵ World Health Organisation. 2014. *Preventing suicide: a global imperative*. Geneva: WHO Press, accessed online at https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/.