Design and function are Important

ACCESS: 24 hours, telephone, text/email, face-to-face, well promoted, easy referral pathways.
FUNCTION: in house integrated supports, group activities, learning spaces, breakout spaces, connected to community, co-located and visiting services.

Is $5 million sufficient capital?

LOCATION: centrally located, minimal travel, public transport access, transport for vulnerable people.
ENVIRONMENT: therapeutic, comfortable, spacious, offer privacy, outside green spaces, reflect community diversity, be integrated with community.

WHAT SHOULD IT LOOK LIKE?

LIVED EXPERIENCE CONSULTATION

NEW DARWIN ADULT MENTAL HEALTH CENTRE

On the 23rd of July 2020, the NT Lived Experience Network hosted a Lived Experience Consultation to gather the experience and perspectives of people in the Greater Darwin region for the New Darwin Adult Mental Health Centre.

WHO SHOULD BE IN IT?

High quality and person-centred care are essential

Non-judgemental, non-pathologizing, solution focussed and SAFE support.

Multi-disciplinary teams including non-clinical and clinical staff.
Lived experience workforce.
Mental Health GPs with psychiatrist support (not psychiatric dominated).
Staff that reflect community.

Individual and group-based recovery focussed supports. Capacity building.

Responsive and safe for First Nations people, culturally and linguistically diverse people, LGBTIQ+ community and vulnerable members of the community.

HOW WILL IT OPERATE?

Employ evidence based principals

Provide continuous care and individual advocacy for clients who will be supported by a key worker.

Provide non-clinical triage service that has clinical supervision and support.
Offer integrated and holistic care planning and supports that address mental health, AOD and physical health needs.

Coordinated by a lead organisation working to shared principals with collaborating services.

Include co-located services and facilitates for in-reach visiting services.

WHAT SHOULD IT DO?

Find support when you need it

SERVICE NAVIGATION: single point of truth, self-navigate online, access support to navigate, find accurate information.
ONSITE INTEGRATED SUPPORT: holistic, multi-disciplinary care, non-clinical and clinical supports, shared care planning, person directed, carer friendly.

Support when you need it most

SUPPORT PEOPLE WITH COMPLEX NEEDS: single point of contact, person directed, service collaboration, shared records, address social determinants.
SHORT TERM CRISIS CARE: non-pathologizing, solution focussed, carer friendly, post crisis care, safe alternative to ED.

Highest level of need

41 of the 100 most disadvantaged regions in Australia.
3 times the national average for Burden of Disease (mental health, suicide, AOD).
Highest rate of adult deaths by suicide, more than 2 times the rate in Victoria.
Highest rate of child deaths by suicide, 5 times the national average.

Socio-economic indexes for Australia, 2016.
AIHW,Australian Burden of Disease Study, 2015.
ABS, Causes of Death, 2018

Low availability of support

Lowest provision of acute care beds, half the provision in NSW.
Lowest average number of community mental health contacts per patient, half the national average.
Lowest number of average treatment days per patient.

AIHW, Mental Health Services in Australia, 2020

NEED VS SUPPORT

NT POPULATION MENTAL HEALTH NEEDS

EXPERIENCES ACCESSING MENTAL HEALTH SUPPORTS

The experience of people accessing supports were recorded at the Lived Experience Consultation. The Consultation involved 21 people from the Darwin community with individual and carer experience. Participants were arranged in 5 table groups to workshop specific questions relating to the Consultation.

DEMOGRAPHIC

RECEIVING SUPPORT

FINDING SUPPORT

Culture & Remoteness

1% of Australia's population

18% of Australia's landmass

26% of population are Aboriginal and Torres Strait Islander

31% were born overseas

43% are non-Indigenous and Australian born

29% of people speak a non-English language

ABS, Regional Census Data, 2016

Experience of Service

Being stigmatised by care providers (5/5).

Poor experiences accessing care (5/5) including:
- Having to retell their story,
- Not being listened too,
- Lacking support,
- Absence of person-centred care,
- No follow up or referral pathways to other services,
- Reliance on pharmacotherapy.

Poor experiences by carers and no referral pathways to carer supports (2/5).

Positive experiences of care (2/5).

Locating a Service

Needed to self-navigate the service system and had difficulty finding a service (4/5).
First accessed a service during a time of crisis (4/5).
Denied access to service (3/5). Reasons included ‘too high risk’, ‘not meeting criteria’ and ‘disclosing drug use’.

Accessing Service

Reported deterioration after being denied service (3/5). Subsequent outcomes included crisis hospital admissions and suicide attempt.
Had to wait a long time before receiving support (4/5).
Were unable to identify and access support because of low English (2/5).