Northern Territory Lived Experience Network
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29th July 2020

To: mental.health.liaison@health.gov.au

Proposed Service Model for Adult Mental Health Centres – Consultation Paper July 2020

The Working Group for the Northern Territory Lived Experience Network welcomes the opportunity to comment on the proposed service model for the Adult Mental Health Centres. Our response relates to the new Adult Mental Health Centre to be established to service the Greater Darwin region in the Northern Territory.

The Northern Territory is the only jurisdiction in Australia that does not have a Lived Experience Network to inform the way mental health and suicide prevention services are planned, developed, delivered, and evaluated. In June 2020, a collection of Territorians with lived experience instigated this Working Group as a volunteer driven initiative to establish the Northern Territory Lived Experience Network (NTLEN).

Upon learning of the Australian Government Consultation for the new Adult Mental Health Centres, the Working Group launched NTLEN to coincide with a Lived Experience Consultation on the 23rd of July 2020. The Consultation was specifically designed to inform the establishment and operation of the new Darwin Adult Mental Health Centre and position NTLEN as a key stakeholder in local planning and co-design activities.

Overall, participants at the Lived Experience Consultation welcomed the opportunity to use their knowledge and expertise to inform this submission and establishment of the Centre. Most expressed a desire to be engaged for the next stages of Centre's planning and co-design. They were grateful that one of the Adult Mental Health Centres would be established in the Greater Darwin region and valued the expanded and enhanced quality of care that the Centre has the potential to provide.

Northern Territory Mental Health & Suicide Data

The Northern Territory is the least densely populated and most culturally diverse jurisdiction in Australia[1] .

A large proportion of NT residents live in circumstances which are complex and challenging for the maintenance of their physical and mental health and wellbeing. The NT includes 41 of the 100 most disadvantaged regions in Australia scored using the Socio-Economic Indexes for Areas – Index of Relative Socio-Economic Disadvantage (SEIFA IRSD)[2].

The burden of disease for mental health and substance use disorders, including suicide related self-inflicted injuries, alcohol use disorders and depressive disorders make up

[1] Australian Bureau of Statistics, 2016 Regional Census Data
[2] Socio-economic indexes for Australia, 2016

approximately 36% of the total burden of disease in the NT. This is 3 times the Australian average (12%)[3].

The national standardised death rate by suicide in 2018, was 12.1 deaths per 100,000 people[4]. The NT had the highest death rate at 19.5 deaths per 100,000 people compared with Victoria which had the lowest death rate at 9.1 deaths per 100,000 people. Sadly, the NT also reported the highest rate of child deaths due to suicide with 12.5 deaths per 100,000 people, equal to 5 times the national average[4].

The NT has the lowest number of acute care beds (17.4) per 100,000 population, equivalent to half the number of beds available in New South Wales (34.8) and significantly below the national rate of 27.9 beds per 100,000 population[5].

Despite having limited availability of acute care options, the NT does not provide a proportionally higher level of contact for community mental health services. When considering the average number of service contacts per patient, the NT had the lowest level of contact at 11.4 contacts per patient, compared with 30.6 contacts per patient in Victoria and 21.8 contacts per patient nationally. The NT also had the lowest number of average treatment days per patient at 9.1 compared with 14.7 nationally[5].

Demographic for the Greater Darwin region

Greater Darwin region comprises the three local government areas of Darwin, Litchfield, and Palmerston and the city of Darwin. Greater Darwin was home to 137,000 people at the time of the last Census, equivalent to 55% of the NT population[6]. The population of Greater Darwin includes

- 9% of people who are Aboriginal and Torres Strait Islander
- 28% of people who were born overseas
- 63% of people who are non-Indigenous and Australian born

Within the Greater Darwin region 68% of people speak only English at home, and 20% of people speak a non-English language at home either exclusively, or in addition to English[7]. The use of Australian Indigenous Languages in the Greater Darwin region is estimated at 0.8% of the population and the languages of Filipino/Tagalog (3.1%), Greek (2.1%) and Mandarin (1.4%) make up the top 3 languages other than English spoken at home[7].

[3] Australian Institute of Health and Welfare, Australian Burden of Disease Study: impact and causes of illness and death in Australia, 2015
[4] Australian Bureau of Statistics, Causes of Death, Australia, 2018
[5] Australian Institute of Health and Welfare, Mental Health Services in Australia, 2020
[6] Australian Bureau of Statistics, 2016 Regional Census Data
[7] Regional Development Australia, Northern Territory

Description of the Darwin Lived Experience Consultation

The Darwin Lived Experience Consultation on the 23rd of July 2020, was designed and promoted as a safe space for people with lived experience to share the knowledge and experience they have gained through

- Access, attempted access, or no knowledge of how to access services for issues related to mental illness, trauma, alcohol or other drug use and suicide.
- Knowledge and experience gained both within the Darwin region and in other areas.

The broad objective of the Consultation was to gather a body of evidence relating to people's "actual experiences" accessing support, and by extension, what they felt would constitute an "ideal experience".

Based on the service model described in the Consultation Paper for the Adult Mental Health Centre, a series of questions were posed to participants to workshop as table groups.

1. FINDING SUPPORTS
    a. What is your experience finding the supports you or a loved one has needed in the past?
    b. What could help people to understand what supports are available and how to access them?
2. ACCESSING NEW SERVICES
    a. What is your experience of you or a loved one accessing a new service for the first time?
    b. What could improve people's experience when accessing a new service for the first time?
3. MENTAL HEALTH SUPPORTS
    a. What is your experience of you or your loved one receiving mental health supports in the past?
    b. What kind of mental health supports could help in the short-to-medium term?
4. CRISIS CARE
    a. What is your experience of you or a loved one receiving support in a crisis?
    b. What kind of alternative model for short-term crisis care would help people?

Part way through the Consultation it became clear that most people's first time seeking and accessing support occurred as the result of a mental health or suicidal crisis.

At this point, the facilitators and participants discussed the potential to adjust the remainder of the Consultation Questions. The group decided it would not add value and may cause unnecessary discomfort for participants to answer Questions 3a and 4a.

Summary of the Lived Experience Perspectives

The key themes that emerged from the Darwin Lived Experience Consultation included the importance of

1. The physical environment feeling safe, comfortable, therapeutic, and private.

   Feedback: *break out spaces, soft furnishings, soft sounds, gardens, no fluoro lights, artwork, no through traffic* and *reflecting community*.

2. Location, accessibility, and promotion of the Centre within the community.

   Feedback: *24 HOUR ACCESS, One-Stop-Shop, central location, transport support, public transport, hotline, online information/directory, text, phone, email options* and promotion by *TV, radio, newspaper, social media, buses*

3. Skilled staff providing a safe and person-centred service.

   Feedback: *welcoming, non-judgmental, empathetic, calming, look/act non-clinical, include staff with lived experience, non-pathologizing, not rushed, ask me about my needs, listen to me, not have to retell my story* and *be representative of my community*.

4. Holistic and non-clinical supports delivered as part of multi-disciplinary teams.

   Feedback: *advocacy, peer support, problem solving, counselling, individual and group options, strengths based, trauma informed, support to understand and learn own strategies, access to other services and supports, integrated and holistic mental health, AOD and physical supports, skilled GPs, medication support* and *NOT psychiatrist dominated*.

As mentioned, during the Consultation it emerged that most participants' first attempt to find and access a mental health service in the Greater Darwin region was during a time of crisis. Many participants also conveyed that their initial help seeking attempts were unsuccessful or unnecessarily traumatic.

A strong sentiment was expressed for holistic and non-clinical therapeutic supports as part of multi-disciplinary teams, with many participants describing unfavourable experiences accessing clinically dominated supports within the Greater Darwin region.

The community members at the Consultation, discussed the historically poor engagement of people with lived experience in the NT to inform program planning, design and evaluation.

Concerns were raised regarding the meaningful engagement of the Darwin lived experience community for the establishment, operation, and governance of the new Centre.

It is for this reason, that the NT Lived Experience Network is advocating strongly for the Australian Government to include measurable Key Performance Indicators for the meaningful engagement of people with lived experience within the Evaluation Framework for the Centres. This should include indicators for the design and establishment of the facility, co-design of the service delivery model, inclusion of the lived experience workforce for its operation and long-term governance arrangements. We would also strongly urge the Commonwealth Government to include people with lived experience in the design of the Evaluation framework to that they can provide input to the creation of the most appropriate Key Performance Indicators.

Concerns were also expressed during the Consultation that the $5 million dollars announced by the Australian Government to establish the Darwin Adult Mental Health Centre would not be sufficient to fund the facility with the four service elements described in the Australian Government Consultation paper. On this basis, representatives from the Northern Territory Lived Experience Consultation will be seeking to meet with the Northern Territory Government about a potential co-contribution to ensure the facility is adequately financed and can be constructed to deliver its intended function.

The Northern Territory Lived Experience Network is grateful for this opportunity to use our knowledge and expertise to inform the establishment and operation of the new Darwin Adult Mental Health Centre. We are committed to using our networks and lived experience to ensure the new facility provides an optimum solution for the Greater Darwin community.

If you require further information or clarification relating to this submission please contact Noelene Armstrong, Working Group Representative, Northern Territory Lived Experience Network, (e: contact@livedexperiencent.net; t: 0438 022 032).