

MENTAL HEALTH REFORM PROJECT

Aboriginal and Torres Strait Islander Roundtable Consultation

Consultation Summary Report

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Date: **November 2023**



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1 Introduction and Context

National and PHN Context

Over the past two decades, significant changes and reforms have occurred in Australia's mental health system, including growth in the mental health workforce, delivery of psychiatric care primarily in the community (therefore reducing the need for acute psychiatric hospital care), and improved access to mental health care in primary care settings. Alongside these changes, the awareness of mental wellbeing has improved significantly amongst the general population.

Mental ill-health remains a significant issue across Australia, with the health system struggling to meet the needs of community. There is a case for PHNs to be enabled to take a larger role in commissioning mental health services, particularly given the emergence of a 'missing middle' cohort that is too unwell for out-of-hospital services, but not unwell enough for inpatient care. Country to Coast, Queensland (CCQ) is exploring opportunities to reform the types of mental health, alcohol and other drugs, and suicide prevention services it procures as a PHN, and the procurement processes it undertakes to do so, with the objective of better meeting the needs of community in the PHN's region.

CCQ Mental Health Reform Project

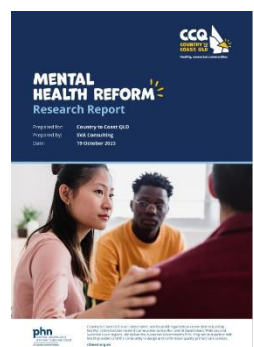
CCQ is exploring opportunities to reform the services it procures through the *Mental Health Reform Project*. The project is currently in its first phase, with the primary objective of CCQ actioning a step-change or partial improvement in the services it procures, and how it procures them. This is in recognition of the complexity of the issues involved, and the likelihood of reform needing to be achieved iteratively and over time.

CCQ plans to achieve this initial step-change through its procurement processes for contracts commencing in July 2024. To that end, this initial phase of the project consists of four planned stages:

Mental Health Reform Project Phase 1 (2023/24) – Stages

- **Stage 1: Case for Change** is an investigation of key datasets and sources to establish the case for change and understand key gaps or shortcomings in current mental health outcomes in CCQ's region. This stage concluded in July 2023 with issuing of the *Improving Mental Health – The Case For Change* report.
- **Stage 2: Research Report** is a research stage to identify best practice system principles, approaches, and service models / models of care. This culminated in development of the *Mental Health Reform Opportunities Research Report*, finalised in October 2023, and identification of key consultation topics for Stage 3.
- **Stage 3: Initial Community Consultations** included facilitation of seven in-person workshops throughout CCQ's region, on topics identified in the *Mental Health Reform Opportunities Research Report*. Additional consultations with CCQ's Clinical Council and Aboriginal and Torres Strait Islander Partnership Roundtable (the topic of this report) were held as part of this stage. This stage concludes with key workshop findings and opportunities to be taken forward into Stage 4.
- **Stage 4: Solution Development & Procurement** included feedback loop and solution development workshops (with community) and review (within CCQ) of the key findings and

opportunities identified in Stage 3, towards developing new RFQs and contracting new services,



intended to commence in July 2024.

It is relevant to note that dedicated Indigenous Mental Health and AOD services and funding are not included in this phase of the reform project and will continue to be funded directly.

This report

This report's purpose is to summarise the findings of consultation held with the Aboriginal and Torres Strait Islander Partnership Roundtable, completed in November 2023 as part of Stage 3 of the Mental Health Reform Project. The report contains three key sections:

- **Community consultations and findings:** This provides an overview of the workshops held with communities, and the key findings of these workshops. The key findings are organised into 'Themes' and 'Opportunities':
 - *Themes:* These represent categories across which feedback has been aggregated and documented, and describe important topics that were raised across a large number of locations and conversations.
 - *Opportunities:* Informed by feedback within one or more *Themes*, these represent hypotheses for actions that could be taken in procurement processes to deliver the step change that CCQ is pursuing.
- **Roundtable methodology:** This section describes the roundtable consultation methodology, including the forum, attendees, how the consultation was conducted, and how findings were documented and summarised.
- **Roundtable feedback:** This section identifies the key feedback provided during the roundtable consultation, organised into five key topics. By topic, this feedback is then compared to the community consultation findings, detailed previously, by identifying relevant *Themes* and *Opportunities*.

2 Community consultations and findings

About the workshops

Dates and locations

Seven workshops were undertaken across different areas of the PHN's region. Workshops were all delivered face to face across November and December 2023. The workshop locations and corresponding dates were:

- **Central Queensland**
 - Emerald: 14th November
 - Rockhampton: 15th November
 - Gladstone: 16th November
- **Wide Bay**
 - Bundaberg: 21st November
 - Hervey Bay: 22nd November
- **Sunshine Coast**
 - Gympie: 28th November
 - Maroochydore: 7th December

Attendance

Workshop participants were predominantly service providers and other system stakeholders (e.g. HHS personnel). It is important to note that this was not necessarily a representative sample of service providers and/or the community, and it is therefore unlikely that the views of all relevant stakeholders have been fully captured. Two cohorts of relevance have been identified as people with lived and living experience, and Aboriginal and Torres Strait Islander people.

- **Lived and living experience:** While workshop participants were predominantly service providers, this included a significant number of peer workers. A small number of people with lived and living experience (who were not peer workers) also attended some locations. Registration data indicates approximately 40% of attendees identified as having lived and living experience of mental ill health and/or suicide.
- **Aboriginal and Torres Strait Islander people:** Aboriginal and Torres Strait Islander people and services were represented in registration lists at all locations, albeit only one service was registered to attend all sessions except for Maroochydore (where 4 were registered to attend). Approximately 7% of registered attendees self-identified as being an Aboriginal and/or Torres Strait Islander person, which is not significantly incongruent with the population distribution across the PHN.

Methodology

Each location-based workshop was run in-person over 3.5 hours. Facilitated table discussions in small groups were used as the key method to gather input from participants, with a focus on ensuring all participants were able to provide feedback across each topic covered in the workshops.

Informed by consideration of research into established and emerging models and the key objectives of the reform project, the workshop structure adopted five table discussion topics. These are summarised below.

#	Problem Statement: We have observed that...	Hypothesis: Health outcomes can be improved by...
1	Services lack integration and clear supported transitions across services and across levels of care	Better integration and navigation pathways into (and across) supports and services
2	Access to care is not equitable, with care not meeting the needs of all key cohorts	Delivering targeted services that are tailored and appropriate for key cohorts

#	Problem Statement: We have observed that...	Hypothesis: Health outcomes can be improved by...
3	Rural and remote communities are missing out on care, and it is challenging for services to adequately meet needs	Approaches that include digital health, central hubs supporting rural/remote areas, and others
4	Mental health service delivery is fragmented and contracts are small in scale, which culminates in challenges for delivery and sustainable efficiency	Increasing consortia approaches, collaboration, resource and workforce-sharing, and co-delivery between services, providers and other system stakeholders but retain the “local” connection
5	Approaches focus on treatment rather than prevention, and do not adequately address the social determinants of mental health	Increasing the focus on upstream approaches and exploring integration of non-health services and social supports

To explore these problem statements and hypotheses, table discussions on each topic followed a common framework. The framework has three elements:

1. **Situation:** The problem statement and hypothesis was shared with participants on the table. Participants were asked to share any additional inputs, understandings, descriptions of the issue, or important local context.
2. **Challenges:** Participants were then asked to turn their mind to acting on the problem and hypothesis, and identify what they felt will be the major barriers, challenges and obstacles to addressing the problem.
3. **Ideas:** Finally, participants were asked for ideas that could help address the challenges and/or advance the hypothesis.

Workshop participants were asked to document all of their inputs across these three elements by adding sticky-notes to large sheets of paper. A total of over 2,800 pieces of feedback were provided by participants across the 7 workshops.

All provided data was collected and synthesised through four high-level steps:

1. Data collection and transcription
2. Thematic analysis¹ of transcribed data and identification of key feedback
3. Mapping of *Research Report* findings (i.e. established and emerging service models) to identified themes and iterative identification of opportunities
4. Hypothesis-driven trend testing by region

This synthesis process led to the key findings described in the following section.




Key findings

The important findings from the community consultations are organised into two classification categories:

- **Themes** – which represent topics that are presumed to be of significant importance based on their representation across the workshop feedback received.
- **Opportunities** – which represent a mapping of the themes and best-practice (from the previously completed *Research Report*) to identify intersections, and therefore key opportunities for the *Mental Health Reform Project* to consider moving forward.

11 key themes and 16 opportunities were identified through the workshop synthesis.

¹ It is important to acknowledge that thematic analysis is an inherently subjective process which requires the analyst to employ a degree of discretion in how it is conducted.

Themes identified from workshops	
<ol style="list-style-type: none"> 1. Improving service navigation, access, and availability 2. Enhancing collaboration and integration of services 3. Leveraging lived and living experience and peer workers 4. Addressing regional and geographical needs 5. Contract structures and particulars 	<ol style="list-style-type: none"> 6. Developing and strengthening the workforce 7. Engaging and empowering consumers and communities 8. Reducing stigma and improving health literacy 9. Supporting innovative service delivery 10. Focus on prevention and broader social supports 11. Inclusion of diverse cohorts
Opportunities identified	
 Specifying new services or service requirements	 Funding infrastructure and system-level supports
<ol style="list-style-type: none"> 1. Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access 2. Strengthen and support intake processes across all services with a 'No Wrong Door' approach 3. Incentivise equity of service access and provision in commissioning processes and contracts 4. Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers 5. Invest in community education and programs 	<ol style="list-style-type: none"> 6. Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed 7. Systems, pathways, and support for service navigation 8. Facilitate and support systems for sharing of consumer information 9. Include scalable wait-list support mechanisms in contracts or other services
 Contracting particulars and funding principles	 Workforce development
<ol style="list-style-type: none"> 10. Facilitate flexibility in service delivery to reduce overall system burden 11. Adjust contract particulars to support sustainable delivery by service providers 12. Adjust tender processes to facilitate and encourage collaboration, not competition 	<ol style="list-style-type: none"> 13. Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements. 14. Include specific supports for and engagement of peer workers in practitioner engagement and education activities 15. Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice 16. Encouraging representative diversity in the workforce

3 Roundtable methodology

About the Aboriginal and Torres Strait Islander Partnership Roundtable

The purpose of the Aboriginal and Torres Strait Islander Partnership Roundtable is to bring together the senior decision-makers from primary health care, community and service providers to improve the provision of safe, quality care to Aboriginal and Torres Strait Islander communities within the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network catchment.

The Aboriginal and Torres Strait Islander Partnership Roundtable membership provides advice, feedback and guidance to the PHN on a range of subjects including, but not limited to, PHN-funded social and emotional wellbeing programs and services, commissioning processes, stakeholder engagement and culturally appropriate service design and provision.

The following organisations were represented by attendees at the Aboriginal and Torres Strait Islander Partnership Roundtable meeting that this report summarises the results of:

- Bidgerdii Community Health Service
- Helem Yumba
- Gumbi Gumbi
- Yoonthalla Wellbeing Services
- Indigenous Wellbeing Centre
- Galangoor Duwalami Health Service

The following organisations are members of the Roundtable but were apologies for the relevant meeting:

- Central Queensland Indigenous Development
- Nhulundu Health Service
- North Coast Aboriginal Corporation for Community Health

Consultation methodology

Will Pitt, (Deputy Director, Mental Health, Alcohol and Other Drugs CCQ), led a presentation on the CCQ Mental Health Reform Project, covering the following points:

- The Mental Health Reform Project aims to ensure efficacy and sustainability by implementing evidence-based reforms to commissioning. It examines previous commissioning practices, and considers how we can change, including considering culturally appropriate services for underrepresented issues and the use of community-based programs targeting social determinants.
- The Project has progressed through two stages already. In Stage 1, a Case for Change was developed in July 2023. This case highlighted that despite increased funding, meaningful services and outcomes were not achieved with rising rates of mental health issues and attempted suicides.
- Stage 2 involved creating a Research Report, which found higher issue rates in regional and rural areas. Notably, the stepped care model was raised recurrently as a potential solution. However, workforce shortages remain a challenge, emphasising the need for proactive upstream interventions.
- Currently, CCQ is conducting community consultations, set to conclude in early December. The findings will be validated, leading to updated commissioning contracts in 2024.

Following this presentation, roundtable attendees were requested to provide any advice, concerns, or feedback for consideration as part of the Reform Project.

Minutes summarising the key feedback were prepared by CCQ personnel and have formed the basis of this report.

Synthesis methodology

Minutes from the roundtable consultation have been reviewed and summarised into five key topics:

1. Service navigation, accessibility, and cultural safety
2. Supporting innovative, community, cultural, and spiritual support programs
3. Workforce development
4. Equitable access and participation in procurement processes
5. Duplication and overlap between services

Each of the above topics, including all feedback that constituted their contents, were compared against the *Themes* and *Opportunities* identified in community consultations held across CCQ's region in late 2023. The key themes related to each topic, and most relevant findings and opportunities within each, are summarised and discussed in the following section.

4 Roundtable findings

This section describes the key feedback received from the roundtable discussion. Based on a review of the provided feedback, five key topics were identified. These form the structure of this section, with the most relevant themes and opportunities from the community consultations for each topic discussed in each sub-section.

Summary of findings

The below table summarises the five key topics identified from a review of the feedback captured at the roundtable consultation. This demonstrates near-complete coverage of the key feedback received in the roundtable discussion by the *Themes* and *Opportunities* identified in community consultations. However, it is notable that Topic 4 – 'Equitable access and participation in procurement processes' is less represented than other topics.

There was one item of documented feedback that could not be mapped to the existing *Themes* and *Opportunities*. This feedback highlighted the potential for services and supports to intervene for children aged 8-10, as this is a pivotal moment in their lives and could influence their forward trajectory.

Roundtable Feedback Topic	Community Consultations <i>Most relevant...</i>	
	... Themes	... Opportunities
1. Service navigation, accessibility, and cultural safety	1. Improving navigation, access, and availability 6. Developing and strengthening the workforce 7. Engaging and empowering consumers and communities 11. Inclusion of diverse cohorts	<ul style="list-style-type: none"> • Opportunity 2: Strengthen and support intake processes across all services with a 'No Wrong Door' approach • Opportunity 3: Incentivise equity of service access and provision in commissioning processes and contracts • Opportunity 16: Encouraging representative diversity in the workforce Plus six other opportunities
2. Supporting innovative, community, cultural, and spiritual	4. Addressing regional and geographical needs 5. Contract structures and particulars	<ul style="list-style-type: none"> • Opportunity 4: Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers • Opportunity 10: Facilitate flexibility in service delivery to reduce overall system burden

Roundtable Feedback Topic	Community Consultations <i>Most relevant...</i>	
	... Themes	... Opportunities
support programs	7. Engaging and empowering consumers and communities 9. Supporting innovative service delivery 10. Focusing on prevention and broader social supports	<ul style="list-style-type: none"> • Opportunity 11: Adjust contract particulars to support sustainable delivery by service providers Plus two other opportunities
3. Workforce development	3. Leveraging lived and living experience and peer workers 4. Addressing regional and geographical needs 6. Developing and strengthening the workforce 7. Engaging and empowering consumers and communities 11. Inclusion of diverse cohorts	<ul style="list-style-type: none"> • Opportunity 4: Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers • Opportunity 14: Include specific supports for and engagement of peer workers in practitioner engagement and education activities • Opportunity 15: Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice Plus five other opportunities
4. Equitable access and participation in procurement processes	5. Contract structures and particulars 7. Engaging and empowering consumers and communities 11. Inclusion of diverse cohorts	<ul style="list-style-type: none"> • Opportunity 4: Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers • Opportunity 11: Adjust contract particulars to support sustainable delivery by service providers • Opportunity 12: Adjust tender processes to facilitate and encourage collaboration, not competition
5. Duplication and overlap between services	2. Enhancing collaboration and integration of services 5. Contract structures and particulars 7. Engaging and empowering consumers and communities	<ul style="list-style-type: none"> • Opportunity 8: Facilitate and support systems for sharing of consumer information • Opportunity 11: Adjust contract particulars to support sustainable delivery by service providers • Opportunity 12: Adjust tender processes to facilitate and encourage collaboration, not competition

Topic 1: Service navigation, accessibility, and cultural safety

Feedback from the roundtable suggested that service accessibility, navigation, and transitions are not meeting needs. Specific to an Aboriginal and Torres Strait Islander context, the feedback indicated properties of services would ideally include them being²:

- Relatable to community
- Culturally focussed, including being culturally safe, understanding of cultural experience and spiritual connection, and responsive to cultural sensitivities
- Supportive of navigating the system and accessing other services

In addition, specific feedback suggested there are currently 'no examples' of where transition between hospital and community is being done successfully.

Most relevant themes and opportunities from community consultations

This topic has been extensively consulted on and explored as part of community consultation processes, with four major themes – and associated opportunities – being identified. Between them, these four themes provide good coverage of the key points raised in roundtable feedback on service navigation, accessibility and cultural safety.

Theme 1 – Improving navigation, access, and availability

This theme encompasses feedback from workshops that despite services nominally being present, or being delivered in an area, navigating and accessing them remained challenging in many instances. Key ideas related to this theme heard in workshops included “designing referral pathways that are made explicit and communicated to the community (and promoted) to enable access locally” and “community navigators to support individuals to link to and access a holistic range of services”.

Overall, the key findings identified within this theme highlight that the current system is not achieving the universal access that it sets out to provide. In particular, it is falling short in delivering equitable access to services, and there are key opportunities to provide more accessible and efficient services, offer more person-centred care, and better navigation pathways.

Relevant key findings from this theme that most directly relate to roundtable feedback include: a lack of service awareness amongst both community and service providers; the need for community and peer navigators to address challenges with navigation and the intake process; and that the 'clinical' focus of services was causing impediments to access.

The opportunities associated with this theme that are most relevant to the feedback received from the roundtable discussion include:

- **Opportunity 1:** Centralised service hubs, with key inclusions to ensure equitable access
- **Opportunity 2:** Strengthen and support intake processes across all services with a 'No Wrong Door' approach
- **Opportunity 3:** Incentivise equity of service access and provision in commissioning processes and contracts
- **Opportunity 7:** Systems, pathways, and support for service navigation
- **Opportunity 10:** Facilitate flexibility in service delivery to reduce overall system burden, consistent with “No Wrong Door” approach

² These requirements may overlap, and this is not considered to be an exhaustive list of what is required.

Theme 6 – Developing and strengthening the workforce

This theme covers challenges and ideas to build a stronger mental health workforce. Broadly, this includes upskilling a new workforce; leveraging a community workforce; better training, collaboration and shared knowledge across existing workforce; and supporting the unique needs of the peer workforce.

Key findings for this theme that relate to challenges raised in the roundtable on service navigation, accessibility and cultural safety, focus on the need for a stronger workforce that can in turn improve service accessibility and cultural safety. They include:

- The need for diverse cohort representation in staffing, including for people with lived and living experience and community members who are experts on their communities
- Building capacity in the peer and non-clinical workforce
- Broader cross-sector and cross-professional training and development for both clinical and non-clinical staff

Research supports these findings, with building capacity and diversifying the existing workforce beyond a clinical focus highlighted as a key enabler.

The opportunities associated with this theme that are most relevant to the feedback received from the roundtable discussion include:

- **Opportunity 15:** Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice
- **Opportunity 16:** Encouraging representative diversity in the workforce

Theme 7 – Engaging and empowering consumers and communities

This theme elevated the importance of consumer and community engagement across mental health and AOD. It was frequently highlighted in consultations that community engagement was needed to overcome many of the challenges related to mental health service accessibility and acceptability, to build trust in service providers, and to increase awareness of availability of services across community and other service providers.

There was an emphasis through consultations on the integral role of community and consumer engagement in enhancing mental health services and outcomes. This acknowledges that effective mental health care extends beyond clinical interventions to encompass holistic, inclusive approaches that are designed and developed with and for the communities they serve.

Key findings that most relate to the feedback received in the roundtable include:

- Working in partnership with local community groups, leveraging existing space or events to build awareness and access
- Upskilling and empowering the local community, to move away from clinical focus towards “community supporting community”
- Co-design of services with consumers and communities
- Building relationships and pre-engagement with community, to build trust

In addition to the opportunities identified in Themes 1 and 6 (above), the following opportunities most closely relate to the feedback received in the roundtable discussion:

- **Opportunity 4:** Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers
- **Opportunity 5:** Invest in community education and programs

Theme 11 – Inclusion of diverse cohorts

This theme covers key insights regarding mental health and services for diverse cohorts, including First Nations peoples and people from culturally and linguistically diverse backgrounds, noting that other themes cover data

relating to diverse cohorts as well. Addressing the needs of diverse cohorts was discussed across all workshop regions, however a greater focus on First Nations peoples surfaced in the data from Wide Bay and Central Queensland regions compared with the Sunshine Coast region.

Key findings from this theme have significant overlap with findings identified in Themes 6 and 7 above, including: the importance of collaborating and partnering with community groups, co-designing services with communities, and ensuring the representation of key cohorts in the workforce. An additional finding closely related to the roundtable feedback was the need for cultural competency of services: “there is a lack of appropriate / relevant training in relation to culturally appropriate practice”.

The opportunities most relevant to the roundtable feedback have been discussed in above themes, including Opportunities 3, 4 and 16.

Topic 2: Supporting innovative, community, cultural, and spiritual support programs

Feedback from the roundtable indicates support for key types of programs, particularly those designed by and/or for Aboriginal and Torres Strait Islander communities and people. These types of programs included:

- Community-run initiatives – with further feedback highlighting that some have ‘western applications’ e.g. whole-of-family interventions or equine therapy
- Spiritual connection offerings – with further feedback identifying that it is hard to integrate these into community health service offerings
- Culturally focussed and safe services – as discussed above in Topic 1

A specific example program of ‘Woorabinda Boundary Riders’, described as providing wellness courses and cultural connection, was highlighted by the roundtable.

Additional feedback included that it was challenging to secure sufficient and appropriate funding to build and support community initiatives in their early stages.

Most relevant themes and opportunities from community consultations

There are five themes from community consultations that most closely cover the roundtable feedback on supporting innovative, community, cultural and spiritual programs. Between them, these themes directly address the key points raised in the roundtable feedback.

Theme 4 – Addressing regional and geographical needs

This theme centres on the importance of ensuring that services are tailored to meet the unique regional and geographical needs across the PHN area. Discussion within this theme centres on acknowledging the distinct challenges that are faced, in particular in rural and remote regions, and therefore the need to take different approaches to service design and delivery compared with metropolitan regions.

Key findings under this theme that are most closely related to the roundtable feedback for supporting innovative programs designed by and/or for Aboriginal and Torres Strait Islander people include:

- Leveraging existing strengths of communities, with key research identifying that the utilisation of local resources and facilities is a success factor of place-based approaches, which are a key approach for upstream prevention
- Recognising concerns around privacy in small communities where ‘everyone is known’, particularly in relation to visibly accessing services.

Opportunities under this theme, most closely related to the roundtable feedback on supporting innovative programs include:

- **Opportunity 5:** Invest in community education and programs
- **Opportunity 10:** Facilitate flexibility in service delivery to reduce overall system burden

- **Opportunity 11:** Adjust contract particulars to support sustainable delivery by service providers

Theme 5 – Contract structures and particulars

This theme encompasses workshop data relating to contract processes and contract structures in the context of service provision in the mental health space. Contracts were frequently mentioned across all workshops, in relation to how contracts are designed, their duration, contract conditions, and how these factors impact on service delivery.

The key findings relating to contract structures that most closely align to roundtable feedback on supporting innovative programs focuses on greater flexibility in contracts, including:

- Longer contract lengths, noting that “small contracts impact on flexibility of service delivery...”
- Greater amount and flexibility of funding, to enable service providers to better meet local needs and ensure their services are responsive to changing needs
- Including flexibility in KPIs, valuing non-clinical work, and introducing meaningful KPIs that reflect meaningful outcomes for consumers were raised as improvements to contracting

Opportunities relating to these findings and the roundtable feedback include Opportunities 10 and 11, captured in Theme 4 above.

Theme 7 – Engaging and empowering consumers and communities

As noted in Topic 1 above, this theme focused on the importance of consumer and community engagement across mental health and AOD. It was frequently highlighted in consultations that community engagement was needed to build services that reflect the needs of the community.

Key findings that most relate to the feedback received in the roundtable relating to supporting innovative programs are similar to those highlighted under Topic 1, including:

- Working in partnership with local community groups, leveraging existing space or events
- Upskilling and empowering the local community, to move away from clinical focus towards “community supporting community”
- Risk of commissioning services where co-design is lacking
- Building relationships and pre-engagement with community, to build trust

There was an acknowledgement in consultations that effective mental health care extends beyond clinical interventions to encompass holistic, inclusive approaches that are designed and developed with and for the communities they serve.

The following opportunities most closely relate to the feedback under Topic 2 received in the roundtable discussion:

- **Opportunity 4:** Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers
- **Opportunity 5:** Invest in community education and programs

Theme 9 – Supporting innovative service delivery

This theme incorporates innovative service delivery, including digital solutions and flexible service models. Innovative solutions in mental health, including pilots and digital / telehealth solutions, were seen to be important.

The key finding from workshops that most closely relates the roundtable feedback on supporting innovative programs is the merit in scaling pilots that are working well. Challenges were however raised in the way funding is approached for ‘innovative’ models: “innovative, diverse programs tend to be funded through pilots, variations/inconsistent/piecemeal service delivery as a result, and loss of community trust. Needs permanent funding.”

Opportunities relating to these findings and the roundtable feedback include Opportunities 10 and 11, captured in Themes 4 and 5 above.

Theme 10 – Focusing on prevention and broader social supports

This theme covers prevention and the broader social determinants of mental health. Workshop participants recognised the importance of addressing the foundations for mentally healthy communities, through a focus on social determinants of mental health such as housing, education, employment and social supports.

Findings from this theme most closely related to roundtable feedback on supporting innovative programs include: the need for a greater focus on non-clinical, holistic, social supports, by leveraging existing community services; and the need to target key cohorts for holistic supports.

These findings are supported by the Community Advisory Council workshop, with participants recognising the need for “non-clinical / non-service solutions” and that social determinants that underpin mental illness are a priority to address.

Opportunities under this theme most closely related to the roundtable feedback on innovative programs are captured in the above Themes, and include Opportunity 5 (under Theme 7), Opportunity 10, and Opportunity 11 (both under Themes 4, 5 and 9).

Topic 3: Workforce development

Two key points of feedback from the roundtable were specifically related to workforce development. The roundtable identified both employment of locals and training of personnel as key considerations. Additionally, related to training, feedback indicates that expanding the scope of services (and associated training for personnel) to include non-clinical considerations will be beneficial.

Several other points of feedback from the roundtable were partially related to workforce considerations, due to their emphasis on cultural safety, spiritual support, or relatability to community (see Topic 1 and Topic 2) – and the workforce's role/influence in determining these attributes.

Most relevant themes and opportunities from community consultations

There are five themes from community consultations that most closely relate to the roundtable feedback on workforce development. Between them, these themes directly address all feedback, noting that many of the findings under Theme 3 on lived and living experience and peer workers apply to the employment of local community members as well.

Theme 3 – Leveraging lived and living experience and peer workers

This theme emphasises the importance of inclusion of lived and living experience across mental health and AOD, and increasing representation of lived and living experience in the mental health workforce. An example of a key idea related to this theme that was highly voted in prioritisation activities was “building local capacity in workforce development, including lived experience and peer workers”.

Findings from this theme have a strong focus on peer workers and lived and living experience, which have considerable overlap with employment of local community members, as raised in the roundtable. Findings include:

- Ensuring adequate funding for peer worker roles to build and sustain a peer workforce within the mental health sector
- Value of lived and living experience and peer workforce could be elevated across services
- Need for advocacy for better integration of peer workers in clinical settings, promoting a holistic approach to mental health care
- Recognise trauma that peer workers might be exposed in supporting peers, the risk of burnout, and boundaries/scope of practice

Literature identified in the research phase also points to peer workers and ‘connectors’ (i.e. employed community members) being beneficial across a variety of models for mild to moderate mental illness.

Opportunities under this theme that most closely relate to roundtable feedback on employment of locals include:

- **Opportunity 4:** Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers
- **Opportunity 14:** Include specific supports for and engagement of peer workers in practitioner engagement and education activities
- **Opportunity 15:** Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice

Theme 4 – Addressing regional and geographical needs

This theme centres on the importance of ensuring that services are tailored to meet the unique regional and geographical needs across the PHN area. Discussion under this theme centres on acknowledging the distinct challenges that are faced, in particular in rural and remote regions, and therefore the need to take different approaches to service design and delivery compared with metropolitan regions.

The key finding under this theme that most closely relates to the roundtable feedback on employing locals and training of personnel is the need to leverage existing strengths of communities, utilising existing local resources and services. A key local resource is local people.

Opportunities under this theme, most closely related to the roundtable feedback on workforce development include:

- **Opportunity 10:** Facilitate flexibility in service delivery to reduce overall system burden
- **Opportunity 11:** Adjust contract particulars to support sustainable delivery by service providers

Theme 6 – Developing and strengthening the workforce

This theme covers challenges and ideas to build a stronger mental health workforce. Broadly, covered areas include upskilling a new workforce; leveraging a community workforce; better training, collaboration and shared knowledge across existing workforce; and supporting the unique needs of peer workforce.

A key area of discussions was capacity-building of the current workforce, through shared professional development and networking opportunities, and building capacity in particular of the peer workforce.

Key findings related to roundtable feedback on workforce development include:

- Need to reflect the diversity of the communities that services are embedded in
- Opportunities for cross-sector and cross-professional training could be better leveraged
- Need to look ahead into the future to development the mental health workforce throughout the region
- Building capacity in the peer and non-clinical workforce

Opportunities relating to workforce development include:

- **Opportunity 13:** Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements.
- **Opportunity 14:** Include specific supports for and engagement of peer workers in practitioner
- **Opportunity 15:** Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice
- **Opportunity 16:** Encouraging representative diversity in the workforce

Theme 7 – Engaging and empowering consumers and communities

This theme elevated the importance of consumer and community engagement across mental health and AOD. In the prioritisation activity held in consultations, the highly voted idea most related to the roundtable feedback was “upskilling community to complement existing services – help with filling the gaps” (in the Emerald workshop).

The key finding under this theme most related to roundtable feedback on employing local workforce is upskilling and empowering the local community.

The opportunity most closely related to this is **Opportunity 5:** Invest in community education and programs.

Theme 11 – Inclusion of diverse cohorts

This theme covers mental health and services for diverse cohorts, including First Nations peoples and people from culturally and linguistically diverse backgrounds, noting that other themes cover diverse cohorts as well.

The key finding from this theme relating the roundtable feedback on workforce development is the importance of representation of diverse cohorts in the workforce, including recruitment suggestions extended to ensuring peer workers were from culturally diverse backgrounds.

This ties most closely to **Opportunity 16:** Encouraging representative diversity in the workforce.

Topic 4: Equitable access and participation in procurement processes

Procurement processes were specifically identified by the roundtable. Future service design needs to ensure that procurement requirements clearly identify the need to ensure local indigenous service providers are inherent in the delivery of the service model. Feedback specifically suggested that the Department of Health (or others) provide assistance where required to ACCHOs/AMS's to participate in procurement processes.

Most relevant themes and opportunities from community consultations

In addition to procurement processes being developed with the aim of supporting all other themes and opportunities, three themes from community consultations stand out as being most applicable to the procurement processes themselves.

While these themes touch on aspects that relate to the roundtable feedback on improving procurement processes, they do not directly address the topic of equitable access and participation in procurement processes, with no discussion of how to specifically help First Nations organisations better participate.

Theme 5 – Contract structures and particulars

This theme encompasses contract processes and contract structure in the context of service provision in the mental health space.

Contracts were frequently mentioned across all workshops, with over 150 mentions of contracts specifically across the data. Discussion surfaced across all workshops in relation to how contracts are designed, their duration, contract conditions, and how these factors impact on service delivery.

Key findings related to accessible and equitable procurement processes for First Nations organisations were:

- Greater collaboration in the tender and contract process across service providers, with the process currently limiting collaboration in favour of competition for contracts. Greater collaboration can lead to more equitable access.
- Introducing greater flexibility for funding was seen to be key to enable service providers to better meet local needs and ensure their services are responsive to changing needs. More flexibility can help make access more equitable, and make procurement more accessible to providers.

The Community Advisory Council provided additional feedback to support this topic, noting that clarifying terminology used in contracts would help the procurement process e.g. "recovery-based model is a term often used but not delivered, perhaps the tender scoping processes could be more targeted or specific to remove ambiguity".

The opportunities most closely related to equitable access include:

- **Opportunity 11:** Adjust contract particulars to support sustainable delivery by service providers
- **Opportunity 12:** Adjust tender processes to facilitate and encourage collaboration, not competition

Theme 7 – Engaging and empowering consumers and communities

This theme elevated the importance of consumer and community engagement across mental health and AOD. Several ideas were offered to support improved community and consumer engagement, including incentivising or stipulating the need for community engagement in contracts, and PHN-led activities that bring regional community and service providers together.

Key findings on this theme are not directly related to the roundtable feedback on equitable access to procurement processes, but if applied may go towards addressing it. They include:

- Building in time and incentives to develop relationships with the community – if done by the PHN with First Nations organisations this would help with procurement processes.

- Ensure there is a focus on 'pre-engagement' through community events and engagement with local organisations, acknowledging that this is particularly important to build trust with diverse communities – again, this is relevant if applied to the PHN engaging with First Nations organisations.

Opportunities do not directly address the roundtable feedback, but may help indirectly. These include:

- **Opportunity 4:** Encourage co-design and co-delivery with lived and living experience, key cohorts, and peer workers
- **Opportunity 12:** Adjust tender processes to facilitate and encourage collaboration, not competition

Theme 11 – Inclusion of diverse cohorts

This theme covers mental health and services for diverse cohorts, including First Nations peoples and people from culturally and linguistically diverse backgrounds. This theme covers key insights relating to diverse cohorts, noting that other themes cover data relating to diverse cohorts as well. Throughout, workshop participants highlighted in particular the need to understand the unique needs of cohorts and design services with these communities to reflect needs and be culturally responsive.

The key finding most closely related to roundtable feedback on equitable access and participation in procurement processes is on co-designing of services with diverse communities. It is important for culturally diverse organisation to be represented in any engagement – while this finding related to designing services, it is also applicable to designing procurement processes.

The most relevant opportunity is **Opportunity 3:** Incentivise equity of service access and provision in commissioning processes and contracts.

Topic 5: Duplication and overlap between services

Feedback from the roundtable identified challenges with duplication and overlap between services, identifying that this can occur as a result of:

- Organisations overstepping their scope and taking on more areas/services
- Confusion between services as to what each is delivering/responsible for
- AMSs specifically being seen as the only option, inappropriately increasing their share of funding/services where they are not necessarily the best placed

Feedback indicated that this occurring can result in a decline in service quality overall.

Most relevant themes and opportunities from community consultations

Three key themes from community consultations are directly applicable to the topic of duplication and overlap between services.

This topic, of duplication and overlap between services, is very well covered in the findings and opportunities identified under each of the applicable themes.

Theme 2 – Enhancing collaboration and integration of services

'Enhancing collaboration and integration of services' was highlighted as a theme to enhance coordination across service providers and other stakeholders. Participants acknowledged the importance of creating a more unified approach to service delivery, consistent with a key enabler of applying a Stepped Care approach to the delivery of mental health, alcohol and other drugs, and suicide prevention services. In the prioritisation activity, an idea that was highly voted was "incentivising collaboration not competition" (in Bundaberg).

Key findings relating to duplication and overlap between services include:

- The need to address resource constraints: collaboration and integration require effort, which is challenging for service providers to absorb in a resource-constrained environment.

- A role for supporting regular communication between providers and supporting service providers to understand the relative capacity across other service providers in the region
- Ensuring there is consistency in approaches across service providers and sectors, including through collaborative development of policies and procedures within each region
- Fostering partnerships and coalitions across service providers and the community

Input from the workshop with the Community Advisory Council was aligned with these findings, with issues raised including “often services aren’t aware of what others do, a lack of peripheral vision by providers”.

This theme stresses the importance of collaboration and integration on the effective and high-quality delivery of mental health services to the community, aligned to what was raised at the roundtable. Despite acknowledging the importance of these activities to providing quality care and best-practice models, it is evident from consultations across the board that collaboration and integration remain challenging for services to adequately deliver. Consultation feedback indicates this is due to a combination of resource constraints, a lack of appropriate ‘organising infrastructure’, and systemic complexity that is challenging even for providers to understand.

The most relevant opportunities identified include:

- **Opportunity 8:** Facilitate and support systems for sharing of consumer information
- **Opportunity 12:** Adjust tender processes to facilitate and encourage collaboration, not competition

Theme 5 – Contract structures and particulars

This theme encompasses workshop data relating to contract processes and contract structure in the context of service provision in the mental health space.

The key finding most relevant to the roundtable topic of duplication and overlap of services is changing tender and contract processes to facilitate greater collaboration across service providers. Consultation participants felt that the process currently limited collaboration in favour of competition for contracts. Ideas for improving collaboration included incentivising joint tender submissions and considering contract particulars.

The two most relevant opportunities are:

- **Opportunity 11:** Adjust contract particulars to support sustainable delivery by service providers
- **Opportunity 12:** Adjust tender processes to facilitate and encourage collaboration, not competition

Theme 7 – Engaging and empowering consumers and communities

This theme is about elevating the importance of consumer and community engagement and empowerment across mental health and AOD. Most relevant to duplication and overlap between services, was the consultation feedback that community engagement was needed to increase awareness of availability of services across community and other service providers.

The most relevant finding was the importance of leveraging what exists within communities. Working in partnership with local community groups, and leveraging existing spaces or existing events where the community comes together was suggested as a way to utilise community strengths and build a strong foundation of rapport across the community and service providers. Improving rapport between service providers is more likely to reduce duplication and overlap between services.

The most relevant opportunity is **Opportunity 12**, which was raised under Themes 2 and 5, above.

5 Conclusion

As discussed above, the *Themes* and *Opportunities* identified through the community consultations are inclusive of most of the feedback documented from the roundtable discussion. This supports progression of the reform project into prioritisation of key opportunities (giving weight to both practicality and potential impact of the opportunities), and subsequent procurement steps.

Additionally, the feedback from the roundtable highlighted the importance of ensuring accessibility and equitability in procurement processes for ACCHOs and AMSs, notwithstanding that the reforms envisioned in Stage 1 of the Mental Health Reform Project will not impact arrangements for dedicated Indigenous Mental Health and AOD services and funding. This warrants consideration throughout procurement planning and processes, as well as in future stages of the Mental Health Reform Project

The specific findings from this consultation, and the roundtable itself, should be consulted again as part of subsequent phases – particularly as the reform project proceeds into local solution development.



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