

Mental health and wellbeing access policy and triage guidelines

Supporting information

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Background

The Royal Commission into Victoria's Mental Health System heard extensive evidence that the current mental health and wellbeing system is fragmented, difficult to navigate, and not accessible to all members of the Victorian community.

The Commission found that mental health and wellbeing services need to be better connected and integrated with each other and with other service systems. It also emphasised that assessment and intake processes need to be more consistent and responsive to people's support needs. This culminated in the recommendations:

- **Recommendation 6:** Helping people find and access to treatment, care and support
- **Recommendation 7:** Identifying needs and providing initial support in mental health and wellbeing services.

New access policy

The Department of Health will develop and promote an access policy for Local Mental Health and Wellbeing Services (LMHWS) and Area Mental Health and Wellbeing Services (AMHWS). This will facilitate a clear and consistent approach to managing referrals and people's initial contact with the services. It will complement the new service capability framework described in *Chapter 5: A responsive and integrated system*.

The access policy will provide:

- a description of the role and targeting of Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services
- guidelines for collaborative arrangements between Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services, and examples of referral pathways
- guidelines for developing referral templates and communicating with potential referrers (this communication should include mechanisms for giving feedback about poor-quality or inappropriate referrals)
- guidelines for managing referrals and communicating with referred individuals
- guidelines for supporting people who do not commence an episode of treatment, care and support
- guidelines for improving front-end service efficiency—for example, in relation to scheduling of urgent and routine appointments and reducing rates of 'failure to attend' clinic appointments
- data collection requirements.

The access policy will clearly describe expectations of services in terms of delivering the three front-end components described earlier—that is, access and navigation support, initial support discussions, and comprehensive needs assessment and planning discussions. This will include a description of the processes through which plans for treatment, care and support will be agreed through the comprehensive needs assessment and planning discussions.

Implementation of the access policy will make the most of digital technologies to ensure referral and service entry processes are streamlined. As explained in *Chapter 35: New approaches to information management*, Victoria's new mental health and wellbeing system will be underpinned by modern information technology and processes for referral management, information sharing and data collection.

Triage guidelines

The Department of Health will develop a revised version of the current statewide triage scale to record outcomes of the initial support discussion. This will be a shorter and simplified version of the current scale so it is flexible for different consumer groups. Separate scales and associated guidelines may be considered for services for adults and older people, youth, and infants and children.

The current *Statewide mental health triage scale: Guidelines (2010)* can be viewed here (PDF): <https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/t/triage-guidelines-0510.pdf>

The scale will be part of improved data collection about people who contact or are referred to Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services. This was a recommendation of [the Victorian Auditor-General's 2019 report on Access to Clinical Mental Health Services in Victoria](#), which said that information collected about referrals to mental health services must allow the government to monitor services' responsiveness to demand, including from diverse communities.

Currently, due to the minimal nature of triage data collections, very little is known about people who try to get help but who are either unable to get through to or not accepted by area mental health services. The improved triage minimum dataset will provide information about people who are not accepted for service provision beyond an initial support discussion. It will also collect information on non-answered calls to Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services, and the length of time people wait on the phone or for a response to an electronic referral.

Subject to appropriate consent from the consumer and the privacy provisions of the *Health Records Act 2001* (Vic), services will capture data on Aboriginality, ethnicity, language, gender identity, sexuality and intersex variation status. The new data collection will also record information about the nature of the person's concerns and the services and supports to which they are referred.

As discussed in Chapter 35: *New approaches to information management*, a new information and technology system will be implemented across the mental health and wellbeing system. This will start capturing person-level information when a consumer, or referrer on a consumer's behalf, has an initial support discussion. The information captured at this stage will comprise the triage minimum dataset, as discussed above, including the triage decision made after the initial support discussion (as recorded on the revised triage scale). Consumers will be accepted into the community mental health and wellbeing system after a comprehensive needs assessment and planning discussion and when a decision is made that an episode of care is required—that is, when the person is to receive one or more types of 'integrated, treatment care and support' described in Chapter 6: *The pillars of the new service system—community-based mental health and wellbeing services*. Once a person is accepted into the system, data collection will include clinical notes and measurements of their mental health outcomes.

To inform the development of the access policy and to update the triage guidelines, the Department with the support of KPMG are embarking on an extensive consultation and engagement process with a range of stakeholders.

Consultation with people with lived and living experience

The Royal Commission emphasised the role of people with lived and living experience (LLE) in its vision for a mental health and wellbeing system that meets societal needs. One of the Commission's guiding principles specifies that people with lived experience of mental illness or psychological distress, family members, carers and supporters, as well as local communities, are central to the planning and delivery of mental health treatment, care and support services.

The Department of Health and KPMG recognise that this principle must remain front of mind when developing the access policy and updates to the triage guidelines. The Department of Health and KPMG are working

closely with the Lived experience engagement branch, VMIAC, Tandem and other lived experience expertise to ensure all aspects of this project reflect lived experience perspectives.

This consultation series has been planned and designed in partnership with those with lived experience and is underpinned by the mental health Lived Experience Engagement Framework. All lived experience engagement for this project occurs in a sensitive and ethical manner.

Engagement activity

The Department of Health and KPMG will facilitate a range of consultation activities during March and May 2023. Community consultation aims to deeply engage and seek the vital knowledge with LLE consumers, carers, families and supporters to inform the development of the access policy and updated triage guidelines.

Bringing together multiple LLE experiences from diverse perspectives provides a genuine opportunity to create longstanding, sustainable system transformation that reflects the needs and values of the Victorian community.

Consultation activities will include workshops, small group discussions and an opportunity for written submissions. Participants will be provided with pre-reading to support preparation and readiness for the sessions which are of a suitably brief length, with opportunities for breaks throughout. Following these initial consultations, the Department and KPMG will then facilitate a 'Feedback' session, in which the project team will reflect their understanding of key insights shared through consultation and seek to confirm these.

To support in the delivery of these sessions, participants will be joined by other project partners, including the Department of Health (project owner), KPMG (project delivery partner), contracted agency partners (LLE co-facilitators and expert advisors). All participants of the session will introduce themselves at the beginning of the sessions.

When considering this opportunity, it may be helpful to think about any additional support that may strengthen and support your participation during this time. This could be through existing networks, in session peer support, the pre and post-consultation support opportunities or by bringing along a support person to an event. For further information please see the "accessibility and support" section below.

Role requirements

A diversity of LLE and backgrounds are sought for this opportunity, with ideally an even mix of consumer and family/carer/supporter perspectives. VMIAC, Tandem and KPMG will recruit participants with a diversity of lived and living experiences and perspectives. For example, this may include:

- Experience in accessing or attempting to access the mental health and wellbeing system in Victoria
- A personal experience of triage within Victoria's mental health system
- First Nations Peoples and people from culturally and linguistically diverse backgrounds
- Rural/regional lived/living experience
- Interest in generating ideas for a new access policy for the mental health and wellbeing system in Victoria
- Available and willing to attend a workshop or small group discussion to share your insights and experience

To ensure that consultation meets participants expectations, clear expectations around the consultative process will be established at the beginning of sessions. There will also be clear communication to stakeholders around how and when they will be involved, pathways for escalating concerns, and processes around providing feedback.

Time required

The total time commitment is expected to be one three hour online workshop **or** one 90 minute small group discussion in March 2023, as well as one optional two hour feedback forum in May 2023.

Workshops

Each workshop will last three hours will be held online (Microsoft Teams or Zoom TBC). Participants are invited to engage via video and audio. There will be opportunities to contribute via discussion, online chat and anonymous virtual tools.

Infant, child and family mental health and wellbeing services workshop

Tuesday 7th March 2023, 9:30am to 12:30pm

Participants will include consumers, families, carers and supporters, as well as service providers (including lived experience peer workers and leaders).

Youth mental health and wellbeing services workshop

Wednesday 8th March 2023 to 9:30am to 12:30pm

Participants will include consumers, families, carers and supporters.

Adult and older adult mental health and wellbeing services workshop

Thursday 9th March 2023, 9:30am to 12:30pm

Participants will include consumers, families, carers and supporters.

Small group discussions

Each small group discussion will last 90 minutes and will likely be run via Microsoft teams or in person upon request. Participants are welcome to bring a support person to these discussions and they will be informal in nature.

Small group discussions will be held on the following dates. When completing your expression of interest, we request that you nominate as many of the below dates as possible and advise of any in-person consultation requests to support scheduling.

- Tuesday 14th March, 1:00pm- 2:30pm
- Friday 17th March, 9:30am- 11:00am
- Tuesday 21st March, 11am-12:30pm
- Thursday 23rd March, 2pm-3:30pm
- Friday 24th March, 9:30am- 11:00pm
- Friday 24th March, 1:30pm- 3:00pm
- Monday 27th March, 11:30am-1:00pm
- Tuesday 28th March, 1:00pm-2:30pm

Feedback session

Participants will be invited to attend an online 'Feedback' session to hear back the ideas, themes and considerations in a three-hour forum following participation in either of the above events. This will be held in May 2023

Selection process

Each workshop provides an opportunity for up to ten family/carer/supporter representatives, totalling 30 participants across three workshops (see above).

Each small group discussion provides an opportunity for up to three consumer and/or family, carer or supporter representatives per discussion, totalling twenty-four (24) participants across eight discussions.

Participants will be recruited from VMIAC, Tandem and SHARC.

VMIAC and Tandem will select the final participants for this opportunity, in collaboration with the project team. KPMG will then contact selected participants to share the relevant invitation and preparation materials.

Accessibility and support

To participate in this opportunity, you will need:

- a laptop/tablet or smart phone with a stable internet connection
- a private space or room to work from

The Department and KPMG recognises that people engaged on this project will have a wide range of mental health and wellbeing experiences. We will ensure that questions will be non-inflammatory and asked in a sensitive manner. In addition, we recognise that the following critical factors must remain front of mind throughout all consultation, including:

- creating a respectful and supportive environment that encourages people to share their stories
- making participants feel comfortable, and taking time to build rapport and build confidence
- ensuring participants are able to freely express their views
- supporting and giving everyone an opportunity to speak
- being aware of important cultural differences that may affect participation in the consultation process.

We have planned the consultation process to maximise input from participants, whilst at the same time treating participants in a strengths-focussed, collaborative and respectful way. All the consultations are conducted by facilitators experienced in consulting with people with a mental health lived experience. The team has experience engaging with people with a mental health lived experience and supported public consultations for the Royal Commission into Victoria's Mental Health System. For these consultation events, there will be lived experience peer support before, during and after sessions.

To help make this experience safe and positive, KPMG and the Department of Health will prioritise a psychologically safe consent-led environment. We will do this by:

- consultations will not be recorded
- participation is entirely voluntarily
- confidentiality will be explained, including choices and options for how to participate and how their information will be used
- communicate clear expectations
- regularly 'check-ins' throughout consultation
- use of invitation and inquiry, rather than instructions or directions
- provision of multiple options for communication (e.g., chat box, emails, virtual polls and written submissions).