Submission to the Productivity Commission's Inquiry into Mental Health

Preamble (our support for other submissions)

We support other submissions:

First Step is a community mental health service with a truly unique collaborative model and multi-disciplinary team. Having knowledge of and involvement with a number of other submissions (eg. Mental Health Victoria, Victorian Alcohol And Drug Association, Melbourne University School of Population and Global health) we are strongly in favour of many of the recommendations that others will be making to the Royal Commission. We support recommendations that:

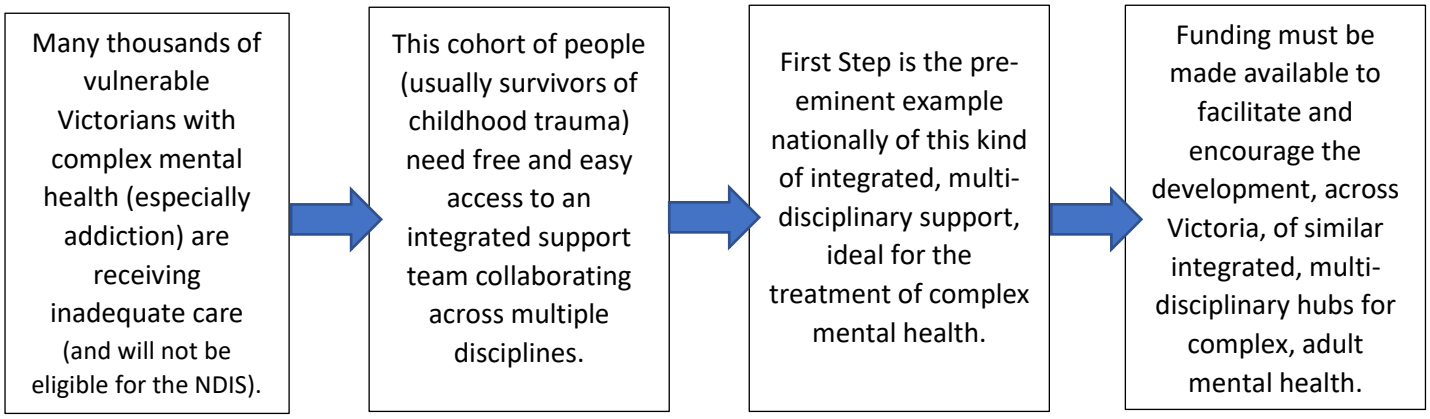
- systematically and significantly increases funding for mental health commensurate with the funding for issues of general/physical health (relative to the disease burden)
- lead to greater integration/collaboration between mental health and Alcohol and Other Drug organisations and practitioners
- reduce the stigma around 1) mental ill-health and 2) addiction (including among mental health professionals)
- reduce the likelihood of anyone with mental health and addiction being turned away/denied service
- lead to a system of universal mental health care
- overcome funding silos to facilitate integrated treatment, particularly for complex conditions
- reduce barriers to accessing care, particularly for the most marginalised
- increase housing security for all low-income Victorians, but particularly those with poor mental health

The focus of our submission:

To make the most of our resources and the Productivity Commission's time we will mostly leave it to others to make the case for the points above. Our submission focusses on:

- The need for community mental health hubs (integrated team care) for complex/chronic mental health, and the fact that First Step is perhaps the best example of this in Australia (the only example with an integrated community legal service)
- What First Step is, and how it helps people
- What allows First Step to have such a positive impact on its clients
- First Step's current financial sustainability and what could be done to facilitate/encourage more organisations with a similar integrated model of care. If we want to see community mental health hubs they will need specific funding, but not much
- Future research into First Step

The core argument we will demonstrate is:



Primary Recommendation: The Victorian State Government and/or Federal Government must develop the necessary funding stream and associated bureaucracy to facilitate the development of integrated, multi-disciplinary community mental health hubs for adults with complex needs with the following characteristics:

- Free of charge to the consumer
- Maximum accessibility (including no wrong door)
- A multi-disciplinary team of highly qualified and experienced staff, particularly in the disciplines of mental health, general medicine, addiction medicine, law, social inclusion and meaningful engagement
- Facilitation of constant communication between clinical and non-clinical practitioners resulting in genuine collaboration
- All services provided on one site
- An attitude of unconditional positive regard for clients and non-judgmental treatment

The remainder of this document aims to demonstrate the effectiveness of this model as embodied by First Step. First Step makes no claims of perfection, but the organisation is a physical manifestation of the characteristics listed in the recommendation, nearly all of which are common sense and nearly none of which are evident in the public mental health system. We are engaging research partners and formalising and documenting our processes with the aim of becoming a centre of excellence for multi-disciplinary, team care for complex and chronic mental health.

About First Step (and why the model works)

First Step is a not-for-profit mental health, addiction and legal services hub in the heart of St Kilda. For 20 years First Step has specialised in a non-judgemental approach to the care of vulnerable Victorians who need support with the mental health and/or substance use. First Step is a single-site organisation that looks and feels a lot like a GP clinic, however on that site is provided, at no cost the consumer, a unique array of integrated services including:

- GPs with decades of drug and alcohol treatment experience
- Accredited Mental health (psychiatric) nurses
- Legal advice, referral and representation (particularly criminal and family violence law)
- Clinical and counselling psychologists
- Psychiatry services
- Care coordination
- Psychosocial support including employment support
- Art therapy
- Group work in addiction
- Brokerage funding for social inclusion
- Healthy liver clinic (including hepatitis C nursing).
- General nursing including pathology

Other important things to understand about First Step are:

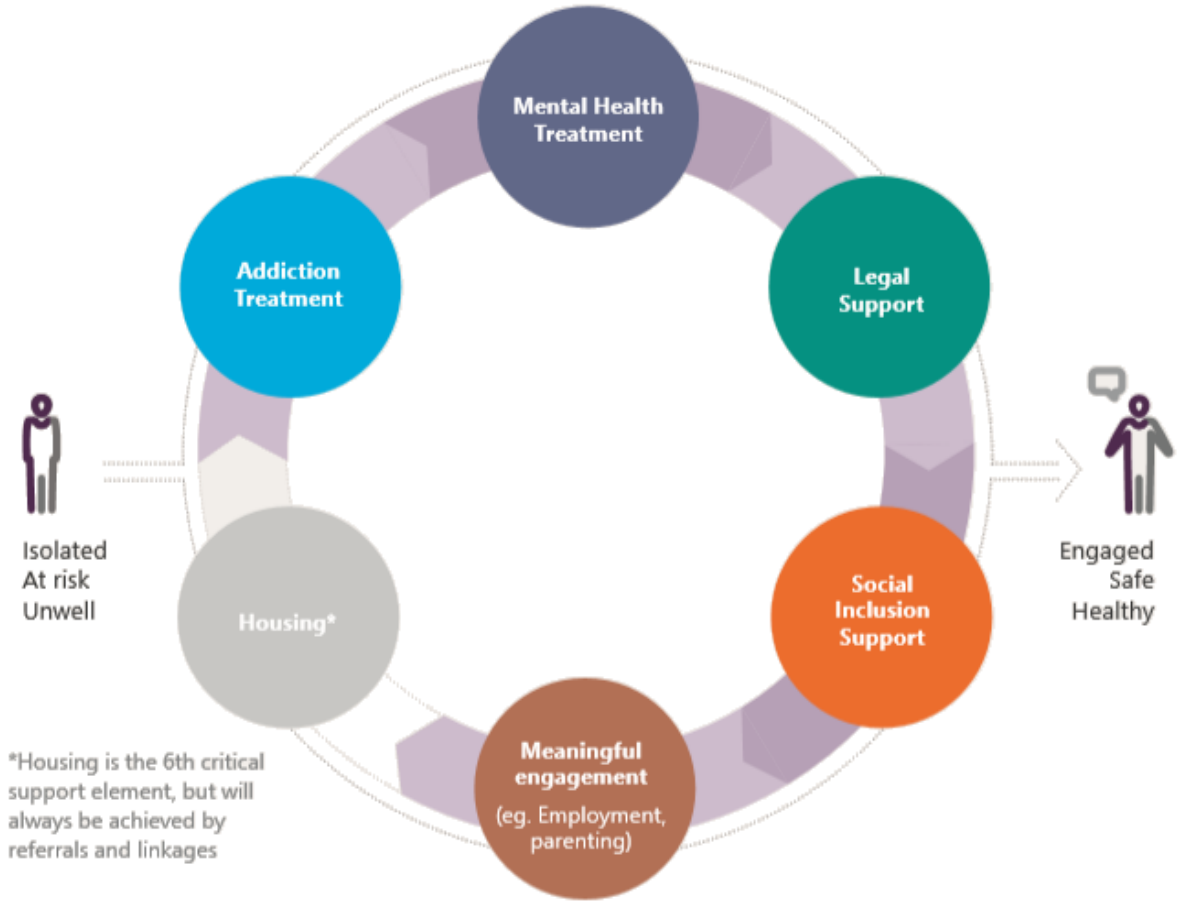
- All treatment is provided at no cost to the consumer.
- First Step supports over 2,500 per year.
- First Step has the only criminal law practice within a health practice in Australia (with the possible exception of the aboriginal health system)
- First Step doctors support more people on opiate substitution therapy (such as methadone) than any other clinic in Victoria.
- First Step treats hepatitis C at a rate comparable with major hospitals.

- First Step runs three commissions/tenders for the South Eastern Melbourne Primary Health Network (Mental Health Integrated Complex Care, Reset Life and National Psychosocial Services – Flexible Funding Brokerage)
- First Step is partnering with the University of Melbourne School of Population and Global Health as the Australian clinical lead agency researching treatment of comorbid substance use and Attention Deficit Hyperactivity Disorder.

This wide array of services is represented in the diagram below. Note that we refer to this combination of services as the *6 Critical Support Elements* that together form the best practice model for one site working in this area of complex mental health and addiction.

NB. First Step provides 5 of these 6 elements on site at 42 Carlisle St, St Kilda.

Six critical support elements (all but 'housing' provided at First Step)



The diagram acknowledges that housing is just as important as the other five, but that provisions of housing services differs so significantly from the others, that First Step does not seek to bring it in house, but rather manage through partnerships.

It is crucial to understand that it is not simply the provision of this wide array of services that is essential, but rather:

it is the integrated delivery of these services by highly skilled professionals working in face-to-face collaboration that yields the best results with our complex client group.

Trauma and complexity in the people we support

At First Step we believe that:

> **Severe and chronic addiction is generally a long-term adaptation to trauma that must be treated with compassion and dignity.**

We also believe that:

> **Addiction and complex mental health is concentrated in areas of multiple disadvantages (including poverty). Timely and effective treatment is a matter of social justice and benefits everyone in society.**

There are three principles that seem so self-evident to staff at First Step that they hardly warrant discussion, yet seem to be reducing in currency in the health sector generally:

- Dual diagnosis: most people with chronic addiction issues have poor mental health.
- A 'no wrong door' policy should apply to organisations that treat mental health and addiction, and that both sectors should be supported to make this possible
- An understanding that complex mental health and/or addiction usually have traumatic origins. There is no need for academic arguments about causality, but it is essential to treat both the addiction and the traumatic origins (or at least their current manifestations in mental ill-health) in order to bring about incremental whole-of-life improvements in our clients. Any treatment must consider both historical environmental issues (that are of course unalterable), current environmental issues (including psychosocial) which can be improved upon and formal diagnosis.

A lack of widespread acceptance of these principles is hampering an acceptance of the fact the addiction and mental illness *are not separate phenomena*. The idea that you can treat one in isolation when both are present is antithetical to First Step. Yes, there are people with serious mental illness who have no substance abuse issues, but:

> **There are very few people with serious substance abuse issues who don't suffer from mental illness, and nearly all of them had traumatic childhoods.**

Why is First Step able to have such a positive impact

The following elements are deemed essential to the First Step Whole Patient Care model:

1. **Accessibility essentials:**
    - No Fee
    - No referral required (appointments preferred but not essential
    - No geographical catchment limitations

Please note that this level of accessibility, which at First Step we call 'low threshold primary care,' means that:

- anyone can attend the clinic (including 'serious violent offenders')
- at any time (during opening hours),
- with any or no diagnosis (and without a referral)
- in almost any condition (including drug affected or psychotic),
- can reside in any geographical area[1]

. . . and receive support at First Step. We may not be able to drop everything in that moment and offer the full suite of services immediately, but anyone walking through that front door will be triaged and assessed and will receive the support they need to the best of our ability. This embodies not only the principle of 'no wrong door'

[1] Note that services funded by the South Eastern Melbourne Primary Health Network do have residence requirements within their catchment. These services at First Step include: Mental Health Integrated Complex Care, Reset Life and the National Psychosocial Services Flexible Funding Brokerage.

2. **Structural essentials**
    - Multi-disciplinary team all on one site
    - Optimal team size (large enough to be multi-disciplinary but small enough that everyone knows and collaborates face-to-face with everyone else.

The importance of having the whole team on one site cannot be overstated. There is an intense human element to the treatment of vulnerable and marginalised people, where compassionate and frequent face-to-face interaction is essential not only between client and practitioner, but also between practitioners. A referral letter and 'off you go' does not do justice to:

- The client's need for continuity of care
- The client's frequent difficulty in keeping appointments (see appendix 2 for more on this)
- Emotional stressors for the client and therefore disincentives involved in making a new connection at a new service
- The significant transfer of trust by a client from one practitioner within a trusted health practice to another practitioner (in another discipline) at the same practice.
- The benefits of one worker witnessing or anticipating added stressors in a client's environment and 'marshalling the troops' to enhance care during those times (eg. Approaching a court case)
- The complexity of addiction and complex mental health such that clinical and non-clinical staff alike require face-to-face interaction to compare notes, to debrief, to brainstorm, to case conference ad hoc, to chart a constantly-updated course of treatment and to challenge each other's assumptions. This is not some idealised version of a healthcare environment; this is absolutely essential to maintaining skills, morale and efficacy in this challenging area.
- The benefits of a staff group steeped in multi-disciplinary work and therefore gaining skills and knowledge across disciplines
- The need to develop a nuanced and regularly updated treatment plan to bring the most appropriate treatment resources to bear at any given moment. This includes such combinations, as appropriately determined for each client, as treating extreme opiate abuse with medications whilst simultaneous using a strength-based approach to improving social inclusion.

3. **Staffing essentials**
    - High level expertise and qualifications
    - Attitude of unconditional positive regard to clients, strength-based (and non-judgemental) approach and ability to establish trust
    - Endless persistence
    - Collaborative ethos

Addiction is the most complex area of medicine. It involves neuro-psychiatry, neuro-plasticity, general mental health, social determinants and environmental influences, trauma psychology, incarceration, stigma, general medicine, psychosocial factors and a dozen other things. The people you need working with complex clients must be of high calibre, well qualified, keen to collaborate and well supported. Workforce development is key to the long-term success of First Step's community mental health hubs recommendation.

Demand for services

It is important to note that at the time of writing First Step is, for the first time since opening, unable to currently take new clients; we are at capacity (with the exception of SEMPHN funded programs) as determined by a 6+ week waiting time to see a doctor. In the past two years First Step has continually increased its level of service delivery; having reached capacity is unquestionably a result of excessive demand. There are two main reasons for this:

1) Mental illness continues to escalate in the community generally, despite prisons serving as defacto asylums.
2) Other services in the St Kilda/inner-south-east area recognise the unique capacity of First Step to help complex clients achieve positive change, and are increasingly deciding to refer such clients to the multi-disciplinary team at First Step instead of treating in normal GP practices (including 'super-clinics')

The ability of First Step's Mental Health Integrated Complex Care team to attract a high number of referrals is also testimony to the value of the integrated model. This is evidenced by referral numbers double that of surrounding SEMPHN funded providers, and also an independent study of Stepped Care (PHN funded mental health) by consultant Tessa Moriarty. We would be happy to source that report for the Royal Commission upon request.

Note: the current trend towards Superclinics is not at all what First Step is advocating. If you were designing a service with multiple practitioners, you certainly wouldn't have them all have the same specialisation (ie. General practice). The 'right kind' of GPs are drawn towards First Step precisely because they know that they need a multi-displinary team to meet the needs of our cohort. It is the logical and frankly obvious way to design a service. It is important also to differentiate First Step from large Community Health Centres. In complex mental health, the need is not just for multiple disciplines but for collaboration: right team, right size, right attitude, no cost, one site.

First Step's funding and other details

FIrst Step is very happy to provide Commissioners with any and all financial details about the organisation. Here is an overview:

Annual turnover (2019-2020): $2,050,000

Staff: 26 (which includes 5 independent contractors). EFT: 17.5

Wages bill: $1,700,000

Professions on site: GP (3), Addiction Medicine Specialist/Physician (1), Psychiatrist (1) Clinical Psychologist (1), Counseling Psychologist (1), Gastroenterologist (1), Mental Health Nurses (3), Care Coordinators (2), Practice nurse and phlebotomist (1), Group Therapist (4) Counselor/therapist (2), Peer Worker (1) Reception staff (2), Admin and executive (3).

Sites: Single site only at 42 Carlisle St, St Kilda (building owned by Peter White for ongoing rent free use for addiction treatment)

Auditor: PWC (annual Pro bono audit)

Status: Public Benevolent Institution with full Deductible Gift Recipient status with the ACNC

Funding breakdown (approximate): 30% doctors' billings, 40% South Eastern Primary Health Network (Federal Department of Health monies), 30% grants (including Victorian Department of a Justice and Victorian Legal Services Board) and donations.

Silos and funding recommendations for integrated mental health teams/hubs

The silos separating mental health, physical health, addiction, community legal work, further exacerbated by the state/federal divide make achieving long-term financial sustainability for a mental health hub such as First Step extremely difficult. Annual surpluses are very thin, and assets are minimal. Many of the funding streams exist (Primary Health Networks, Medicare (!), Department of Justice), but funding core functions including reception, administration and executive is an ongoing challenge. Additionally, addiction and mental health are very challenging areas for fundraising. In its 20 years of existence First Step would serve as a cautionary tale in terms of long-term financial sustainability, and this must change. There is periodic support for new programs from philanthropic institutions, but little or no appetite for funding core ongoing areas.

It is First Step's strong recommendation that the State Government of Victoria and/or Federal Government establish a new funding stream for organisations that meet specific standards (yet to be determined) of a multi-disciplinary, integrated mental health hub (see primary recommendation above). If only 15% of First Step's (and other hubs) revenue came from government funding to operate as a multi-disciplinary hub this be the proverbial game changer for First Step and the sector. First Step would be only too keen to use its institutional knowledge (in part from

external evaluation), experience, time and skills and to bringing about this timely and self-evident development in the treatment landscape.

Using these very broad numbers, and combining a new revenue stream with the sources of funding listed above (Medicare etc) 20 organisations of First Step's scope and size could be created in Melbourne (8), Geelong (2), Ballarat, Shepparton and other regional centres for an annual cost of single digit millions.

At First Step we believe we could gather a long list of organisations to support the development of such a funding stream including Mental Health Victoria, Mental Health Australia, Orygen Youth Health, South Eastern Melbourne Primary Health Network, Health Justice Australia, Cohealth, NACCHO, Launch Housing, the University of Melbourne and many, many others.

So many organisations advocate for team-based care. It's time to do it and to turn countless lives around. Successful treatment of complex mental health will likely result in extraordinary savings to governments at all levels, particularly in the areas of homelessness, hospitalisation and prisons.

First Step's future and collaboration

First Step is heavily involved in collaborations with external organisations. It is noteworthy that First Step:

- Performs nearly all medical assessments and onsite review for Windana Drug and Alcohol Recovery's Drug Withdrawal Unit in St Kilda East, and
- Runs a regular legal clinic at Windana's Residential Rehabilitation facility in Maryknoll
- Collaborates (and attends onsite) with organisation in the inner south east to deliver the National Psychosocial Services – Flexible Funding Brokerage commission

While continuing to perfect its hub model and further develop opportunities for collaboration, First Step is also looking to increase the number of people we care for by developing new collaborative models. First Step is currently engaged in an innovative project[2] with consultation support from Social Ventures Australia to assess the feasibility, develop business plans for and pilot a new model of collaboration. The working title of the collaborative model is the Hub & Spoke model, and it can be represented as follows:

Each of the small groups of circles represents on off-site collaboration with another service, such as a housing service, where First Step would run a weekly clinic embedding those clinical and non-clinical staff most needed by the collaborating organisation.

First Step is only too happy to keep the Productivity Commission updated on the progress of this work. We anticipate completion of feasibility study and business cases by the end of 2019.

[2] This project is funded with a multi-year grant from the Helen Macpherson Smith Trust and additional support from the R.E.Ross Trust

This collaborative model could prove to be a blue-print for community mental health hubs, enabling each hub to not only support clients who attend onsite but also enhance the service delivery of community, health, mental health, housing and other organisations in their local area.

Appendix 2 below outlines a soon to be commenced global literature review by the University of Melbourne School of Population and Global Health into First Step's theoretical underpinning and methodology. We aim to use the draft report from this study in an application for translational research funding from the Medical Research Future Fund to directly research outcomes and impact at First Step.

A CASE STUDY

'James' was engaged at First Step initially with one of our GPs Dr Ernie Andrada and had been attending for opiate substitution therapy for 10 months. First Step case manager Lauris Hanlon first met James after internal referral to her by the doctor for the Work and Development Permit Scheme (https://www.justice.vic.gov.au/wdp), which is a Victorian Government administered system for people with considerable infringement debt and mental health treatment needs. By attending appointments with a participating health organisation (First Step is one of very few in the state) people can 'pay off' their debt over time. James was in transitional housing at the time, and Ms Hanlon referred him to our inhouse Social Worker for some assistance in finding long-term housing (by referral to an external agency, in this case Launch Housing) and psychological counselling onsite at First Step with clinical psychologist Dr Jan Borrell (who was engaged in treatment to reduce the ongoing impact of trauma from childhood sexual abuse).

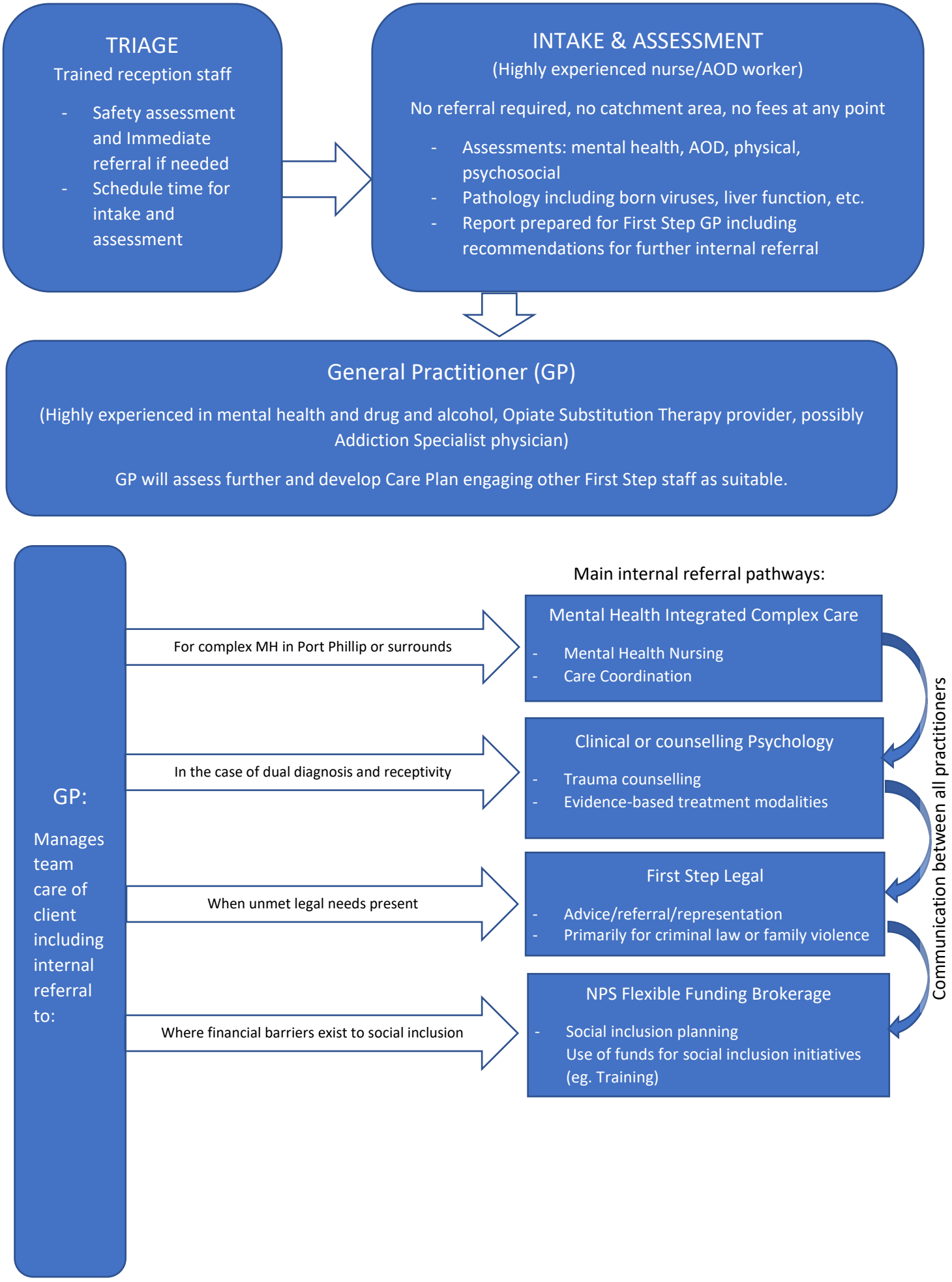
Ms Hanlon engaged with James as a counsellor focussing on social inclusion, including a return to work plan. James had a third mental health worker at First Step, our inhouse Psychiatrist Dr Dianne Grocott, who assessed him as having Attention Deficit Hyperactivity Disorder (ADHD – James had a childhood diagnosis) and commenced treatment on slow-acting lisdexamphetamine.

James and Ms Hanlon targeted and then liaised with two external employment agencies, Aim Big and Max Employment, to maximise his chances of returning to work. In the end, it was First Step's own relationship with social enterprise Fruit 2 Work (https://www.fruit2work.com.au/) that resulted in James's first paid employment in several years.

9 months later, James has permanent housing in South Melbourne and is working part time in a restaurant in Williamstown (a great reference from Fruit 2 Work was crucial to him getting the Williamstown job). James is still well engaged with both his GP (for ongoing opiate substitution therapy) and his clinical psychologist, and is abstinent from all illicit drugs.

First Step can supply any number of case studies at the Productivity Commission's request.

Appendix 1: First Step Hub model of treatment access and internal referral



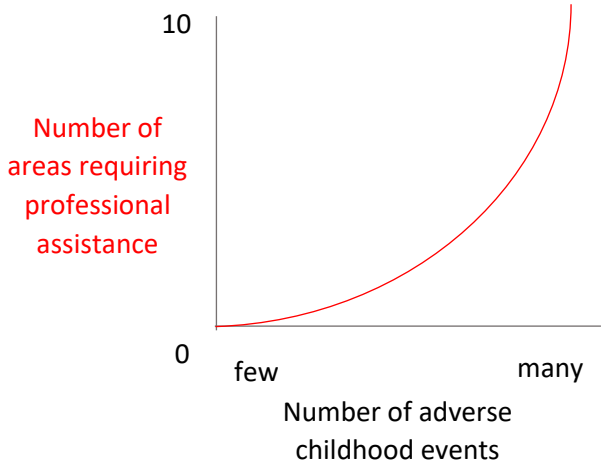
Appendix 2

Note: Under Prof Jesse Young, the University of Melbourne School of Population and Global Health will be conducting a global literature review (funded by the RERoss Trust) into the arguments listed in this appendix.

A theoretical link between adverse childhood events and the need for team care

There is a significant minority of the Australian population that require professional support in many areas of their lives, such as mental health, addiction, legal representation and housing. People in these circumstances generally experience a high level of distress as well as troubled or troubling behaviours. These same people are very often survivors of many significant adverse childhood events, may have grown up in out-of-home care, experienced neglect and abuse, early school leaving, pre-teen drug and alcohol use and juvenile interaction with the criminal justice system. Many organisations and thousands of people are dedicated to helping people from such backgrounds, but a failure to affect significant improvements is common. Meanwhile, the prison population is in excess of 40,000 nationally, the homelessness well over 100,000 and poverty over 3 million. These growing numbers are testimony to an overarching failure to overcome disadvantage, which is often correlated to poor mental health, addiction, legal, housing and other troubles.

The correlation between adverse childhood events and adult disadvantage is widely recognized. In a recent survey of First Step staff, who between them over 500 years of collective treatment experience, childhood sexual abuse specifically was listed as the most significant Social Determinant of Health in our clients (or those of other agencies where our staff have worked). If we measure 'later disadvantage' as the number of areas in a person's life where they may require professional assistance to achieve an 'acceptable' level of functioning, then countless studies demonstrate an exponential correlation between adverse childhood events and later disadvantage (well summarized here: http://www.theannainstitute.org/Lanius.pdf). These are of course probabilistic generalization, but well evidenced in the main.

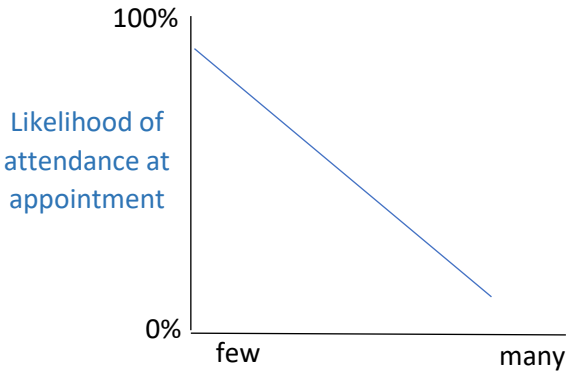


In Australia we have a system of providing support, such as medical assistance, that relies on referral. Referrals usually come from a professional to whom the client has presented, and are usually:

- To a professional unknown to the client
- At a different location
- At a later time
- With an unfamiliar organization

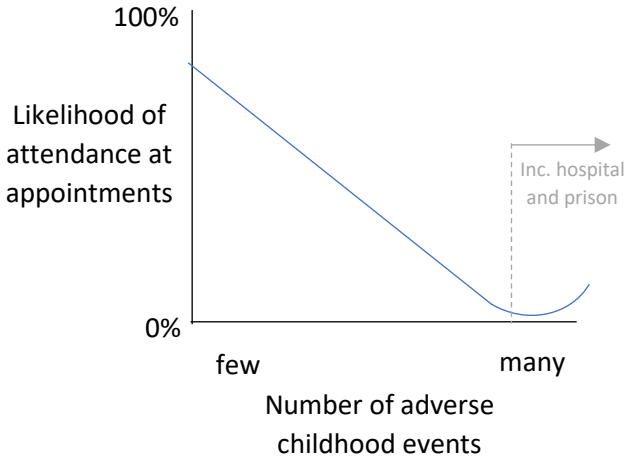
The most common referral source in Australia is the family General Practitioner. For people who have experienced multiple adverse childhood events, the source of referrals is increasingly likely to be Centrelink or a post-prison-release service such as ACSO.

The referral system has very significant shortcomings for people with multiple significant needs due to a reduced likelihood of attendance at subsequent appointments. Using the Adverse Childhood Events scale again we can plot the likelihood of attendance to indicate an inverse correlation.

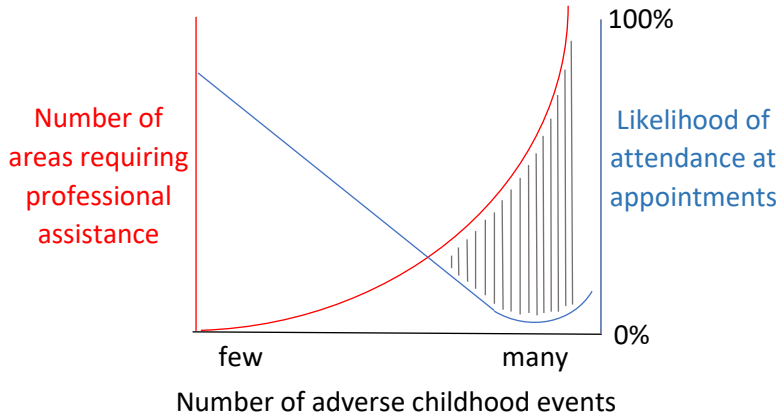


Note: We acknowledge that this is an as yet unproved theory, but seems highly likely to hold up to scrutiny and is supported by anecdotal evidence.

The exception to this inverse correlation is at the most complex end where likelihood of attendance begins to increase again, because it includes 1) emergency department attendances, 2) attendances at court mandated appointments or 3) appointments within the prison environment.



When we plot 'Likelihood' on the left y-axis (red) and 'number of areas' on the right axis (blue), we see a very disturbing picture. The people who need professional assistance the most are those *least likely* to attend (shaded area)



Although they operate on different sc low attendance) indicates the need for a new approach. Referrals subject to the generalisations listed above simply do not work for this population. Widely understood reasons for this include:

1. Lack of options due to limited financial resources (ie. No access to the private system because of poverty)
2. Lack of trust of the individuals towards the 'system' in general and unfamiliar practitioners in particular

3. Lack of understanding/health literacy regarding the potential benefits of professional assistance compounding a lack of motivation to seek help.
4. Instability in the lives of clients minimizing the ability to make and keep appointments
5. Comorbidity. In the example of dual diagnosis, poor mental health is likely to impede therapy for substance use disorder and vice versa.
6. Incompatible theoretical frameworks between disciplines of professionals, and no communication to address this
7. Issues of eligibility impeding access
8. Lack of motivation due to lack of perceived benefit.

First Step aims to overcome many of these barriers by providing access to a multi-disciplinary team of highly-skilled, non-judgmental practitioners, who are collaborating in the care of clients and coordinating their efforts. Many of the strengths of First Step are attitudinal and cultural, but many are structural. Using the same 8 elements listed above this table gives an overarching view of the First Step approach in terms structure and capability.

Normal situation	**First Step approach**
Limited financial resources	All services provided at no cost
Lack of trust for new clinician	Transfer of trust is likely from trusted First Step practitioner to new First Step practitioner (particularly when face-to-face introduction is possible)
Lack of understanding and health literacy	Development of long-term relationships with a community of support (First Step team) enables education and explanation which increases motivation. Furthermore, First Step creates a non-judgmental environment that 'feels like home.'
Instability	The team is able to ameliorate instability by: - Scheduling multiple appointments on the same day - Reminders and follow-up from trusted professionals - Each member of the team reinforcing the routine/plan - Psycho-social support with planning
Comorbidity	We aim for incremental, whole-of-life improvements. First Step staff address multiple challenges simultaneously, though separately with practitioners with the relevant qualifications and experience. This approach is not only multi-dimensional but also coordinated as practitioners discuss their approach regularly and adjust for changes (both anticipated and unpredictable) in life circumstances.
Incompatible disciplines	Having a GP, psychologist, lawyer, psycho-social support worker and others work as a team is not simply a matter of putting them in the same building. First Step is developing and constantly refining a framework for this kind of multi-disciplinary collaboration.
Issues of eligibility	First Step has no geographical or other eligibility issues for most its services. First Step excludes no cohort including those classified as Serious Violent Offenders. No-one is turned away from one professional service because of complications in another area (eg. Intoxication does not result in denial of mental health service).
Lack of motivation	First Step is able provide many 'wins' for clients that increase the motivation to attend. Examples include: - Supporting people on Opiate Substitution therapy. - Overcoming financial barriers to social inclusion through flexible funding brokerage - Enrolling people with infringement fines in the Work and Development Program (attending mental health appointments 'pays off' debts)

We believe that First Step presents the leading example nationally of integrated, team care for people with chronic and complex mental illness. We will of course provide the Productivity Commission with a copy of the global literature review when completed by the University of Melbourne School of Population and Global Health.