

Who accesses Neami National Medicare Mental Health Centres? An Implementation Co-Evaluation Snapshot # 1

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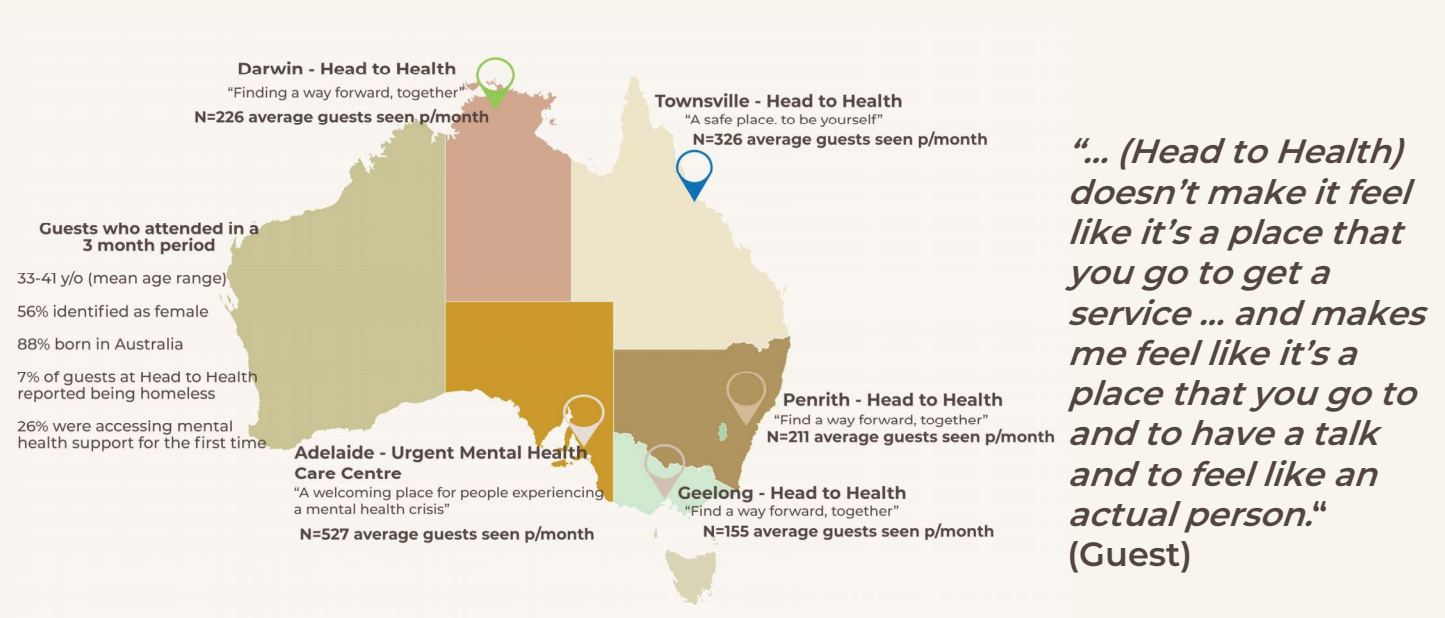


Image caption: Locations of the five Implementation Co-Evaluation sites and information about who attended in a three-month window of data collection 2023-2024.

What worked in the model of care that was delivered and for whom?

- Over 94% of guests were **SATISFIED** with their care and being supported by an integrated team of clinically trained and peer trained workers.
- Guests experienced **ACCESSIBLE** support delivered in a calm, relaxed environment where they had space and time to share their stories.
- Services were presenting **AFFORDABLE** and **TIMELY** mental health support in a new and evolving way that filled gaps within the current mental health service system.
- Guests said care was **NON-JUDGEMENTAL**, **RELATIONAL** and provided **HOPE**.

Read more about the Implementation Co-Evaluation at the ALIVE National Centre Website:
<https://alivenetwork.com.au/our-projects/head-to-health-implementation-co-evaluation/>
This co-partnership was conducted during 2023 when sites were named Head to Health and in May 2024 the Federal Government renamed them Medicare Mental Health Centres.

What do we know about the needs of people who accessed services?

Head to Health

- Mean Kessler 10* = 34 (very high levels of distress)
- 62-70% IAR* = 3 (moderate intensity of services and support needs)
- Across services 94-99% IAR* 2 – 4 (low to moderate, and higher support needs)
- Mixed anxiety/depression symptoms noted as most common for people who attended.
- 17% suicidal risk referral.
- **Average service engagement 123 days.**

Urgent Mental Health Care Centre

- 70% of triage levels were 2-4 (moderate to lower support needs).
- 38% triage level 4 (semi urgent = see within 60mins).
- 18% attended UMHCC with suicidal ideation.
- **Average service engagement 3.9 hours.**

*Initial Assessment and Referral is a government developed decision making tool to identify level of need (1 self-management to 5 crisis need) and to match services.

*Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler psychological distress scale (K10). Australian and New Zealand journal of public health, 25(6), 494-497.

What were the pathways in and out of services?

Most guests self-referred (65-85%)

28% of survey respondents would not have sought support elsewhere.

Most guests were discharged home or had no recorded discharge destination.

If people were referred to other services, the most common places were:



“It was good to have someone that’s actually been through mental health themselves not someone that doesn’t really have the understanding” (Guest)

“They’re not judging you for how you live your life. They’re trying to help you to live a better life to understand your life and live better. I find that amazing.” (Guest)

Implementation Strategies to Improve Care in Medicare Mental Health Centres

IMPLEMENTATION GAP 1 - Guests raised the time-limited nature of care as a challenge.

INDIVIDUAL LEVERS: Implement approaches at the individual level of care to connect people into enduring systems of care across primary, social and community based options.

IMPLEMENTATION GAP 2 - Guests reported homelessness far more frequently than reported national rates.

ORGANISATIONAL LEVERS: Implement service level strategies to connect people across existing ecosystems to respond to areas of structural inequalities and social determinants.

IMPLEMENTATION GAP 3 - Aboriginal and Torres Strait Islander and LGBTQIA+ guests could feel shame and stigma and/or racism seeking support

COMMUNITY LEVERS: implement a range of appropriate community level prevention strategies to respond to shame and stigma and racism in seeking mental health support.

Ethics approvals were obtained from: University of Melbourne Human Ethics Sub-Committee (ID 26525); Human Research Ethics Committee of NT Health and Menzies School of Health Research (NT HREC: ID 2023-4624); AH&MRC Ethics (ID 2133/23); Aboriginal Health Research Ethics Committee (ID 04-22-1066); NEAMI Research and Evaluation Committee.