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

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"… (Medicare Mental Health Centre) doesn't make it feel like it's a place that you go to get a service … and makes me feel like it's a place that you go to and to have a talk and to feel like an actual person." (Guest)

Who went to Medicare Mental Health Centres and the Urgent Mental Health Care Centres over three months across 2023-2024? (Mean number unique guests per month)

Darwin - Medicare Mental Health Centre
Finding a way forward, together — n=226

Townsville - Medicare Mental Health Centre
A safe place. To be yourself — n=326

ABOUT GUESTS:
- Mean age ranged from 33-41 years
- 56% were female
- 88% born in Australia
- 7% of Medicare Mental Health Centre guests reported experiencing homelessness
- 26% were accessing mental health support for the first time

Penrith - Medicare Mental Health Centre
Find a way forward, together — n=211

Adelaide - Urgent Mental Health Care Centre
A welcoming place for people experiencing a mental health crisis — n=572

Geelong - Medicare Mental Health Centre
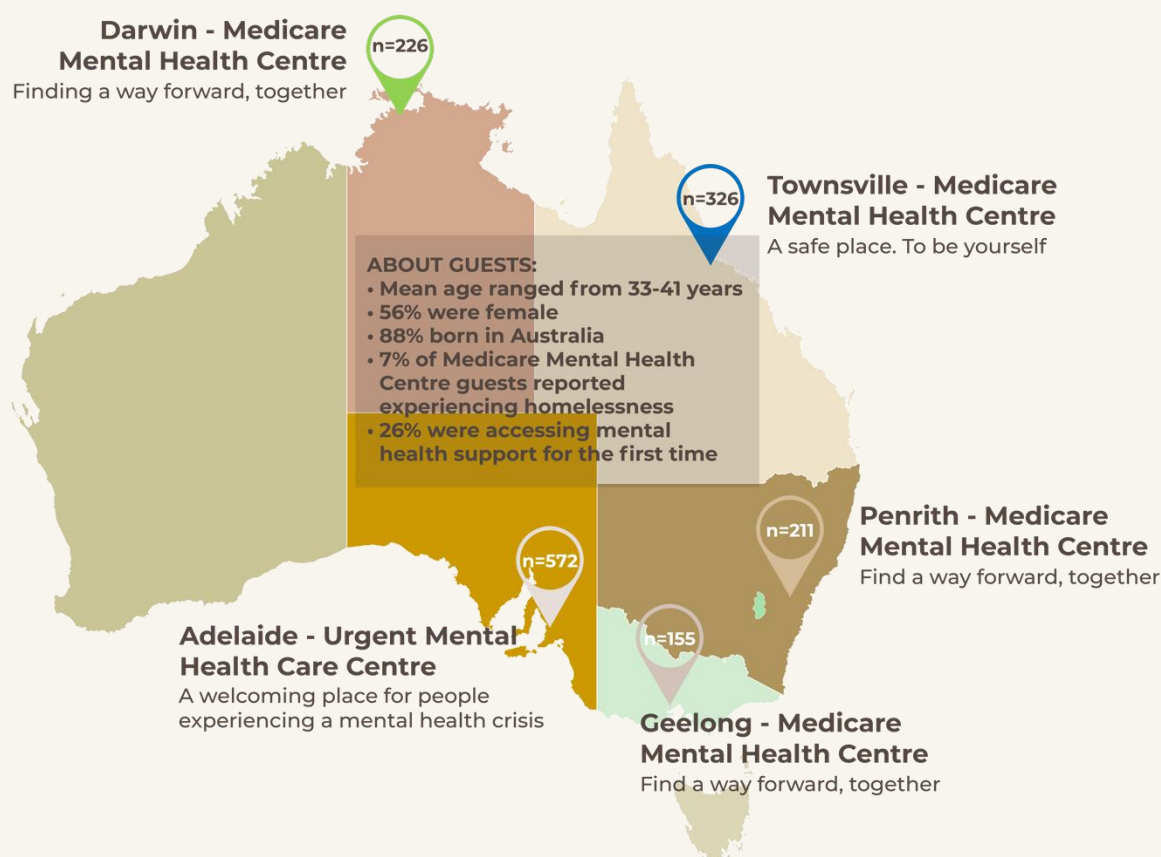Find a way forward, together — n=155

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

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

- Over 94% 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 service system.
- Guests said care was NON-JUDGEMENTAL, RELATIONAL and provided HOPE.

Read more about this project at the ALIVE National Website:
https://alivenetwork.com.au/our-projects/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)
- Across services 94-99% IAR* 2 – 4 (low to moderate and higher service needs)
- Mixed anxiety/depression symptoms noted as most common for people
- 17% suicidal risk referral
- Average engagement 123 days

Urgent Mental Health Care Centre
- 38% Triage level 4 (Semi urgent, see within 60mins)
- 70% - Triage Levels 2-4
- 18% attended UMHCC with suicidal ideation
- Average engagement at services 3.9 hours

*Initial Assessment and Referral is a government developed decision making tool to identify level of need (1 mild to 5 severe) and to guide matching of 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, most common sources:

Hospital   Community   General Practitioner   Housing

"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 their life, 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 Centre

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.