Launceston
HEAD TO HEALTH

Our Philosophy of Care

Table of contents

Our Philosophy of Care

What is a philosophy of care?

A philosophy of care is a framework of care goals and values. Our Philosophy of Care is a framework designed to inform and guide the care provided through the Launceston Head to Health.

Launceston Head to Health is one of several new adult mental health centres being established across the country as part of an Australian Government trial.

The centre will aim to improve access to mental health and related support services for Tasmanians in the Launceston area, connect care, and reduce demand on hospital emergency departments.

It will complement – rather than replace or duplicate – services already provided in the community and will connect people with other local services for ongoing care.

Primary Health Tasmania is responsible for establishing the centre in Launceston and has been undertaking local consultation to help shape services and a philosophy of care to ensure the centre best meets local needs.

A co-designed philosophy of care

How was Our Philosophy of Care developed?

To develop Our Philosophy of Care, it was important we captured the voices of the Launceston community. In December 2020, Primary Health Tasmania held the first in a series of consultations which invited stakeholders and community members to have a say in determining what was important to them, what goals they had for the centre, and how this might look and feel in action.

In May 2021, Siggins Miller were engaged to continue the work through coordinating and facilitating ongoing community and key stakeholder consultations to provide a draft Philosophy of Care and accompanying report.

The requirements of this piece of work included exploring the following key subject areas:

- **Look and feel** – what important design features should be incorporated to ensure the centre is welcoming, safe and appropriate for adults – whatever their age, gender, ethnic or religious background – considering the population of Launceston?
- **Supporting services** – which other services are key to the success of the centre? Should they be co-located, or have a formal relationship with the centre?
- **Workforce** – what key workforce groups are needed?

These workshops provided individuals with the space to give their insight and input into the development and direction of Launceston Head to Health, including the principles they felt should underpin the centre.

Siggins Miller and Primary Health Tasmania then analysed the key messages and themes that emerged from these consultations to create this philosophy of care to guide the design and management of Launceston Head to Health.

Purpose of this document

This Philosophy of Care is intended to guide the initial design, implementation, and continued management of the Launceston Head to Health to ensure the centre aligns with the needs and principles identified by the community.

All community members reiterated it was important to them the principles and values in the Philosophy of Care were seen, felt, and experienced through the centre's physical design, ways of working, and by the people who experience the centre (including those with lived experience, carers and families, and the community as a whole).

The Launceston Head to Health Philosophy of Care

The following principles emerged from the consultations with the local community. The decision to have person-centred care in the centre of the diagram signifies this principle was reiterated by all stakeholders in all locations, was seen to be the most important principle for the centre, and was identified as the overarching principle that should guide all others.

1. Person-centred care

Stakeholders felt strongly the centre needed to adhere to the principles of person-centred care recognising individual needs, circumstances, and experiences. They emphasised the view that health care is not 'one size fits all', but rather meets the unique needs, preferences, and values of clients and their support networks, as well as respecting their autonomy and independence.

What do we expect to see?

1. **Respect and accessibility** – Clients, carers, and families and friends have a fundamental right to person-centred health care that meets their unique needs, preferences and values, as well as their autonomy and independence. Person-centred care should mean that ultimately the centre is accessible to people from any background, demographic, experience, or walk of life.
2. **Support** – Clients, carers, and families and friends should expect to have access to quality healthcare services that are appropriate and safe. The care offered within the centre should build on and boost the people and places that already support clients, carers, families and friends within the community and should ensure that all clients, carers, families and friends are directed to the necessary services, regardless of their condition.
3. **Flexibility** – It is important the centre (and its processes and procedures) can flexibly meet the needs of the people for whom the centre is designed.
4. **Choice and empowerment** – Clients, carers, and families and friends are encouraged, and able to, participate, to their level of ability and preference, as partners in every step of the care journey and are provided with encouragement and support to achieve the best possible quality of life.
5. **Lived experience** – There should be a strong presence of people with lived experience both as a service user (client/patient) and a carer, family member or friend (support person), as well as peer workers.
6. **Information** – Clients, carers, and families and friends should have access to accurate, relevant, and comprehensive information to enable informed decision-making regarding treatment and management of their health. Consideration of health literacy, language, age, understanding, abilities and culture is essential in the development of resources.

2. A community-based model

It is important to recognise that place matters, and the Launceston area has its own unique characteristics. This means a centre implemented in this area needs to be built around the community that it serves. The centre should recognise the local community holds knowledge of the community (the lived experience), about the community (the specific knowledge of the local Launceston area), and for the community (what works or not in our area).

A community-based model will deliver a centre that is partnered with, guided by, and focussed on the local community's priorities.

What do we expect to see?

1. A centre that serves the Launceston and surrounding communities and has a focus on local priorities.
2. Continual improvement of the centre is guided by the voice and knowledge of the local community.
3. A model that promotes local leadership and champions who help to leverage the community assets, form and maintain local partnerships, and mobilise the community.
4. A commitment to the development and growth of local resources, capability and capacity – including the workforce.
5. A model founded in transparency with shared governance, evaluation, and accountability.

3. Welcoming for all

Launceston Head to Health will be a place where anyone feels welcome and can engage in a way that best suits their individual needs. The physical design and the services on offer should work to reduce as many barriers to people accessing the centre as possible. This includes the centre's commitment to person-centred care as outlined in principle 1, above.

What do we expect to see?

1. **No wrong door** – Even those who might not be eligible for services at the centre should be welcomed and navigated to the services that best suit their current needs.
2. **Welcoming and warm** – A warm atmosphere where people are greeted on entry.
3. **Accessible** – The capacity for multiple and discrete entry points to the centre.
4. **Inclusive** – A centre that is welcoming of all diversity. We want an inclusive environment where all people feel welcomed and safe within the space.

4. Easy to enter and leave

Many stakeholders, especially those with lived experience, spoke to the challenges they have faced in the past with accessing health services. One key barrier was that these services often left them feeling trapped, where they felt they weren't able to come when they needed to and/or leave when they wanted.

The idea of having a centre that is easy to enter and easy to leave was seen to be critical. This principle supports the person-centred approach in the provision of care that is safe and empowers the client with an ability to choose.

What do we expect to see?

1. Multiple ways to enter the centre – be that many entry points, soft exits (e.g. letting staff know you are out the front), or the ability to just come and sit for a while.
2. No threats or negative consequences or actions for leaving.
3. Warm and actively supported referrals out of the centre to other providers and services with the centre keeping in touch throughout the process.
4. A space where there are no long waiting times to receive some support.

5. A human experience

All people deserve to be treated with respect, dignity, honesty, and authenticity. This should be clear in the way they are welcomed in the centre, receive care, are referred to other services, and leave the space.

What do we expect to see?

1. Respectful and empathetic care from all staff within the centre.
2. All clients, carers, and families and friends are treated as people, and not their illness or condition.
3. Staff are actively supported by the centre in terms of supervision, professional development and assistance to ensure they can provide the level of empathetic care needed.
4. All interactions are followed up and the connections to clients, carers, and families and friends are maintained, where possible, over time.

6. Well-connected

Stakeholders with lived experience commented on the lack of a clear pathway through the current mental health system, reiterating that the space between organisations, organisations and homes, and in the communication between clients, carers, families and friends, and providers is the space where things most often go wrong, and where people can become most alone and distressed.

What do we expect to see?

1. Commitment to the mechanics of integrated health service delivery to support stronger system cohesion and coordinated care.
2. Consistent communication and collaboration with complementary services, clients, carers, and families and friends to understand and develop better pathways and processes to support seamless navigation of the system.
3. A commitment to fill, or collaborate to overcome, gaps where clients, carers, and families and friends are unsupported.
4. Ongoing collaboration and co-design with local communities and service providers.
5. Continuous quality improvement activities and evaluation practices.

7. A consistent and continuous experience

It is important that people can expect to receive the same quality and type of care each time they return to the centre. This means that, irrespective of who greets them at the door, each interaction carries a consistent message. The importance of a consistent experience was strongly communicated, especially by those with lived experience (both clients and support people), as it meant that they felt more comfortable returning to a place each time. Continuity of care was also important in that the same level of connection and empathy should be maintained throughout the time where a client and their support people are engaged with the centre.

What do we expect to see?

1. Staff who can deliver consistent care.
2. Clear clinical and client pathways that are documented and available.
3. Expectations about what is and isn't available in the centre are communicated.
4. Staff (volunteer or paid) who walk alongside clients, carers, and families and friends, and travel with them through their care journey.
5. Seamless and warm referrals between the centre and other services and supports.

8. A safe space for all

The centre should promote safety for all: those with lived experience (both clients and support people), the community, and the staff who work there. This includes a strong commitment to de-escalation, spaces to minimise the impact of distress on others, and a calming environment.

What do we expect to see?

1. Staff who can de-escalate situations and manage the trauma of multiple clients at a time.
2. A space that feels safe, but not clinical or controlled (e.g. does not feel threatening or de-humanising).
3. Clear processes and procedures for escalation and de-escalation when needed.
4. Trauma-informed care.
5. The availability of more quiet, dim, and private spaces when needed.

9. Evidence-informed care

The community felt strongly the principles, aims and clinical practice of the centre should be underpinned by best-practice evidence and informed by the centre's outcomes, and qualitative research within a continuous quality improvement cycle. It was also strongly communicated that all parts of the centre should be consistently evaluated and that clients, carers, and families and friends, as well as the broader community, must have clear channels through which to provide feedback and the ability to include the service users' values in the decision-making process.

What do we expect to see?

1. An evaluation framework that includes clear measurement criteria for the centre and the principles to ensure that it is continually meeting the community's needs.
2. Transparent reporting of evaluation results on an annual basis.
3. A strong commitment by the centre to continuous quality improvement.
4. Simple and clear channels through which clients, carers, families and friends, professionals, and the community can provide ongoing feedback.

Notes to the report

Siggins Miller provided a full report which explored a number of important considerations for the development and management of Launceston Head to Health.

Two of these areas have been outlined below.

1. Supporting services

Which other services are key to the success of the centre? Should they be co-located, or have a formal relationship with the centre?

Those consulted understood that services available in the centre will be guided by the Australian Government model of care, however, they made suggestions for other sorts of services that might be possible. Suggestions included:

- Provide space where services that are not health specific could be co-located on a pop-up basis (e.g. hairdressers, financial advisors, housing, employment, educational advisory services, yoga, massage, relaxation). It was suggested that for those who had concerns about the stigma of attending a mental health centre these sorts of services are both useful in themselves but also provide a 'soft entry' to talking about their mental health.
- In the longer term the centre could provide secondary consultation and support services to generalist healthcare and community service providers to ensure clients and carers get better support in all settings.
- The centre could have the capacity to do things differently and include innovative approaches: art therapy, pet therapy, exercise physiologists, dietitians and nutritionists, provide transport for appointments, promote digital literacy and use e-mental health.
- The centre needs to be strongly connected with the community/ies it serves. It was suggested that a key way to support this connection will be through efforts to improve mental health literacy and mental health system literacy.
- The centre will need to have very clear information that alerts people to the fact that there is no referral necessary and that there is no cost for them.
- The centre will need to have strong partnerships with a range of stakeholders that enable synergy of effort in the sector. This may include making maximum use of the significant

ethos of volunteerism in the catchment and work with other providers who have developed and maintained volunteers who would be suitable to support people in this service (e.g. Migrant Resource Centre).

2. Workforce and partnerships

A workforce development effort with both short- to medium-term impacts and longer-term sustainability goals should be developed and implemented as soon as possible. A lead agency who has workforce (especially, but not only, psychiatry and psychology) available via telehealth from other parts of Australia was suggested by some as a good first move.

In addition, strong links with local general practice, in particular GPs with a special interest in mental health and alcohol and other drugs, should be established and the opportunity for visiting sessions in the centre or from the centre to general practice would be important to ensure holistic care and linking all clients to a regular GP and practice.

An emphasis was placed on developing and maintaining high quality, collaborative relationships between the different players in the system. Effective cross-organisational collaboration is critical for:

- developing responsive services that can address a range of co-morbid/inter-related issues
- improving communication between services
- improving system efficiency, by minimising redundancy and duplication, and simplifying information transfer (e.g. client information systems that operate across services)
- better collaboration and delivery of resources in a planned manner that ultimately benefits service users
- sharing knowledge capital and expertise that helps to foster innovation
- improving the accessibility and reach of the centre
- supporting warm referrals and referral pathways in and out of the centre.

We would like to recognise the significant commitment and engagement from the local Launceston, George Town and Westbury communities in the development of this document and philosophy of care.

Our Philosophy of Care was prepared in collaboration with Siggins Miller and Primary Health Tasmania. It is informed by the report provided by Siggins Miller for Primary Health Tasmania.