Prepared by Mariam Faraj, GM Clinical Services

Integrated Mental Health Service Hubs

Executive summary

The aim of Integrated Mental Health Service hubs is to provide seamless primary health care to mental health consumers.

CESPHN commissions a range of mental health services aimed at different levels of care. This paper describes CESPHN's proposed future model of integrated care delivered by a range of multidisciplinary mental health professionals for a range of mental health presentations. By providing a range of care types as part of the one service, this new service model will simplify referral pathways and provide a smoother care journey for those with complex or changing care needs.

Key Information

Policy context

The development of integrated service hubs for mental health is part of a wider policy direction from the Australian Department of Health, Disability and Ageing (the Department).

The Australian Government is increasingly endorsing and funding multidisciplinary care arrangements, and integrated hubs are in line with new models from the Department such as the Mental Health Multidisciplinary Teams and Medicare Mental Health Centres (MMHCs). Community-based hubs have been highlighted in the National Mental Health Commission's Vision 2030 as a focal point for the delivery of integrated mental health and social support services.

In addition to the Medicare Mental Health Centres, integrated hubs are being rolled out across a number of other PHNs nationally.

Model development

Throughout 2022, CESPHN undertook a co-design process involving people with lived experience of mental health as well as service providers and primary health representatives to draft the service model for an Integrated Mental Health Hub.

The co-design process highlighted the need for a seamless client experience, ensuring individuals do not have to re-tell their story. It emphasised the value of holistic services that integrate peer support and foster social connections, addressing a wide range of social, physical, and emotional needs. Additionally, the process identified the importance of overcoming barriers such as cost, transportation, and scheduling to provide accessible and inclusive support.

The model of care for the Integrated Mental Health Hub that emerged from the co-design process provides a community-based source of information, support services, and connections for people across a spectrum of mental health needs and situations and is scalable as their needs change over time.

The model of care aims to foster wellbeing through connection, capacity, hope, and empowerment. It brings together the mix of supports a person might need in an integrated way to overcome the barriers and challenges often experienced when accessing the mental health system. The service model will include the following **core components**:

- Guiding and navigation
- Information and education
- Assessment and planning
- Structured group activities
- Psychological therapies
- Psychosocial supports

- AOD supports (harm minimisation, prevention, counselling, and care management)
- Care coordination
- Medical services
- Outreach services and telehealth options

A key strength of the proposed service model is the ability to support the needs of people presenting with co-occurring health issues, including comprehensive treatment of physical and mental health, which remains a pressing and unmet system level need. This service provides the opportunity to reduce duplication by providing a package of care to clients in the one service, instead of clients needing to seek out multiple providers for different aspects of their care. The model will also provide opportunities for coordination with other services, for example Local Health District Community Mental Health services and Safe Haven services.

There will be two hubs established in the CESPHN region, and each multidisciplinary team will consist of up to 18 staff providing clinical and non-clinical service delivery, including peer workers, mental health nurses, psychologists, and other allied and mental health professionals.

In May and June 2025, CESPHN facilitated a final co-production process to:

- Finalise the service model for the integrated mental health hubs to ensure the model is consistent with the community's needs and goals.
- Prepare for the tender process to ensure that the most suitable provider(s) are selected to deliver the hubs.
- Prepare for the contracting process to ensure that the community's needs and goals inform contracting and performance monitoring.

The process included workshops (with GPs, community members, and service providers), one-on-one interviews, meetings with Local Health Districts (LHDs) and Hospital Networks, discussions with the Aboriginal Health Advisory Committee, and meetings with the Mental Health and Suicide Prevention Advisory Group. In total, the 2025 co-production process gathered the perspectives of more than 100 stakeholders.

Key, high-level themes emerging from the workshops include:

- Very strong support for the draft model of care with no changes to the service components, but additional valuable detail and insights offered for inclusion in the final service model.
- Participants celebrated that the draft service model is available to all consumers irrespective of diagnosis, is designed to provide varying levels of service intensity based on the consumer's unique circumstances and treatment needs, is planned to open outside of business hours (e.g., after hours and on weekends), and does not impose session caps/time limits on participation.
- Participants provided advice regarding distress and the social determinants of health, and the importance of the hub's referral and navigation component having good knowledge and relationships with organisations that can assist consumers to address issues relating to social determinants (e.g. legal, housing, finances, food security).
- Participants provided valuable ideas for education sessions and group therapy themes, confirming that a range of lived experience-led (e.g., hearing voices, GROW) and clinical (e.g., dialectical behavioural therapy) education and group work would be of value but reiterating the importance of the provider continuing to understand need and using treatment themes to inform longer term planning of education and group work to ensure the planning aligns with emerging need.
- Participants reinforced the importance of formal agreements outlining responsibilities, communication and collaboration expectations between the hubs and LHD community mental health teams, general practitioners, and suicide prevention aftercare services.
- Participants expressed a desire to see a range of services co-locate or regularly visit the hubs. Co-location with community mental health teams, providers focused on physical health, community-managed organisations, legal services, housing, and the NDIS local area coordinators were recommended by participants.
- Participants outlined the capabilities they believe a provider will need to demonstrate during the request for proposal process. These capabilities include: existing relationships with the service

sector, clinical and practice governance excellence, an enduring commitment to ongoing and iterative lived experience-led design, and experience delivering recovery-oriented, culturally appropriate, and trauma-informed services.

- Participants helped inform the key performance indicators that will be used to develop the program logic, contract, and reporting requirements for the hubs. These indicators include: consumer-reported experience and outcome measures; a focus on improvements in the consumer's quality of life (not just symptom reduction); workforce diversity, satisfaction and retention; perspectives of partners and referrers; engagement and drop-out rates.

Locations
Possible locations for the two hubs are being explored based on factors including:

- Mental health needs population data
- Current population and forecast growth
- Socioeconomic status
- Vulnerable populations-i.e. Aboriginal, CALD, LBGTIQ+ as identified in the needs assessment
- MBS, PBS and PHN funded psychosocial and clinical mental health services including service location, client location, and service utilisation.
- Location of existing mental health providers and services including Canterbury MMHC.

This information will be used to identify locations with higher levels of current and future service need, where people are less likely to be able to access alternate services.

Discussion questions

1. Are there core components missing that should be included in the model?
2. What evidence would you want to see to know the model is working well?
3. What partnerships are most important for the hubs to develop?
4. What types of services should be co-located at the hubs and how could this be facilitated?
5. What characteristics, capabilities, and experience should a provider demonstrate to deliver the service successfully?
6. What should we call the hubs?