

02 October 2025

Mental Health and Wellbeing Division
Department of Health
50 Lonsdale Street
Melbourne, 3000
Victoria, Australia

Re: Consultation on updates to the Mental Health and Wellbeing Locals – Service Framework and Service Requirements for the Hub and Spoke Model

Thank you for the opportunity to provide feedback on the draft updates to the *Mental Health and Wellbeing Locals – Service Framework* and the draft *Service Requirements for the Hub and Spoke Model*. RACGP Victoria appreciates the Mental Health and Wellbeing Division's ongoing work to refine Victoria's reformed mental health and wellbeing system and welcomes the chance to contribute a general practice perspective.

Specialist General practitioners (GPs) are integral to Victoria's mental health care system. As the Department continues implementing the [recommendations of the Royal Commission into Victoria's Mental Health System](#), we want to highlight the following points:

- GPs are often the first – and sometimes only – point of contact for people experiencing mental health concerns, particularly in rural and remote communities. The RACGP [Health of the Nation 2025 report found](#) 71% of GPs nominated mental health reasons as a top reason for patient presentations, up 10% since the survey began in 2017.
- GPs deliver the majority of mental health care in Victoria and manage increasing complexity in presentations.
- General practice is essential to achieving the Royal Commission's vision for a coordinated, person-centred mental health system.
- New mental health services must not operate in isolation. Person-centred care, continuity and optimal health outcomes depend on communication and collaboration between general practice and mental health services.

RACGP Victoria made these points in its [2019 submission to the Royal Commission](#).

Usability of the Framework

The streamlined structure, updated terminology, and consolidated workforce guidance are welcome improvements and make the framework easier to navigate. However, additional tools would enhance usability in practice. A clear pathway map for the “missing middle” cohort, supported by summary tables outlining responsibilities across hubs, spokes, consultant psychiatry and general practice, would help providers understand operational expectations. A glossary of key terms and a crosswalk outlining what has changed from the previous version would also aid implementation.

Clarity of Functions and Services

The framework defines the purpose of Locals as supporting the “missing middle” cohort. However, the draft documents indicate that services may continue to focus on lower-acuity care. For Locals to meet their intended purpose, greater clarity is required around:

- **Consultant psychiatry:** Their role in governance, case review, and shared-care arrangements with GPs must be explicitly defined.
- **Shared-care with GPs:** Expectations for joint care planning and timely communication should be mandated, including discharge summaries to general practice within 48–72 hours.
- **Alcohol and other drug (AOD) management:** Given the prevalence of comorbidity, AOD care should be identified as a core service function, not an optional element.
- **Continuity of care:** Consumers should expect to be supported consistently by the same clinician or small team. The framework should set minimum expectations and monitoring for continuity.
- **Mode of care:** The emphasis on online delivery must be balanced. For higher-complexity patients, face-to-face assessment and treatment should be the default.

Without these clarifications, the framework risks misalignment between its stated intent and its service delivery model.

Feasibility and Resourcing

We are concerned that the current requirements may not be achievable with existing resourcing. The proposed minimum of three business days per week for face-to-face appointments in spokes is not sufficient to meet the needs of complex consumers. A minimum of five days, with extended hours across evenings and weekends, is required to ensure timely access.

Furthermore, adequate resourcing is required for case conferencing, shared-care with GPs, and care coordination. The higher cost of providing intensive face-to-face care must be recognised in funding models, otherwise there is a risk of digital services becoming the default, contrary to patient needs.

Refinements to the Hub and Spoke Model

The proposed hub and spoke model, as described, risks creating multiple hubs with overlapping responsibilities, rather than differentiated roles. We recommend defining spokes by clinical specialisation (e.g., AOD complexity, trauma-informed care, perinatal mental health) rather than by geography alone. This would ensure that the network provides complementary services rather than duplication.

To avoid resource centralisation, safeguards must be built in. Funding should be quarantined to guarantee delivery of spoke-based, patient-facing services. Additionally, performance reporting should occur at site level, not only across networks, to ensure transparency and accountability.



Balance of Administrative and Clinical Functions

The framework places strong emphasis on governance, reporting, and administrative oversight. While these are important, there is a risk that excessive resources will be directed away from patient care. The majority of investment should directly support clinical services, care coordination, and meaningful engagement with GPs and other frontline providers.

Conclusion

RACGP Victoria strongly supports the intent of these reforms and acknowledges the considerable work already undertaken. However, to deliver on the promise for the missing middle, the framework requires clearer operational guidance around consultant psychiatry governance, shared-care with general practice, continuity of care, operating hours, AOD integration, and safeguards to maintain balanced investment across hubs and spokes. Addressing these areas will strengthen feasibility, ensure equity, and most importantly, better meet the needs of Victorians who currently fall between service gaps.

We thank you for the opportunity to contribute to this consultation and would welcome ongoing engagement as the framework is refined.

Yours sincerely,

Dr Anita Muñoz
Chair, RACGP Victoria