

Mental Health and Statewide Services

Response to Green Paper

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Introduction

Mental Health and Statewide Services (MHSS) supports the Government's *One State, One Health System, Better Outcomes* Reform Package and welcomes an informed response to changes that ensure better consumer care.

This paper is divided into two sections:

- first section briefly addresses itself to an overarching response to the Green Paper;
- the second part provides thematically specific response to the relevant consultation questions posed in the body of the document.

Whilst the paper is intended to be brief, if requested the Group can provide detailed information on the themes presented for consideration.

Overarching response to the Green Paper

It is noted that there is scant reference throughout the paper to Mental Health, Drug and Alcohol and Forensic Services and questions are directed primarily at the current hospital-based service delivery system. MHSS would also encourage a more thorough investigation of role delineation across Mental Health, Alcohol and Drug, and Forensic Services using other jurisdiction's work in this area. There is a continuum of service delivery within the group which ensures that the focus is on early community intervention. In this sense, MHSS is far more advanced in its conceptualisation and delivery of preventative and early intervention service than the hospital-based service delivery system.

MHSS is predominantly a state-wide service with three (3) of the four (4) service areas: Alcohol and Drug Services (ADS), Forensics and Correctional Primary Health Services (FaCPHS) being delivered across a state-wide framework. MHSS has an overarching group governance structure and wishes to maintain this presence as an integrated state-wide service as a specialist group within the proposed Tasmanian Health Services Structure. This would mean that operationally and clinically, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS) and Older Persons Mental Health Services (OPMHS) from across the State would come under the same group with appropriate partnership models with key services such as paediatrics and geriatrics to name but few, to ensure that services are provided in the most efficient and effective way possible.

Having a truly state-wide module would mean CAMHS, OPHMS and AMHS would have an overarching state-wide reach with one Model of Care operating across the State. This approach would complement the existing state-wide services in ADS and FaCPHS. This would allow for state-wide planning for better utilisation of expertise and effective and efficient use of limited resources across the whole of the state and, as a consequence, improve continuity of care. MHSS has historically had a better capacity to attract expertise from interstate and overseas which it can leverage across Tasmania.

MHSS is in favour of providing a future focus to service planning to ensure that our services can respond to the future needs of our population. A mapping of services, to understand what services are already in place across the sector and where the gaps are, would provide further information into the discussion.

Responses to Consultation Questions:

Question 1:

Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?

MHSS fully supports an informed discussion in regard to changes that may need to be made across the service sector. MHSS has embraced Lean Design and Health Service Innovation and look forward to participating in future projects across each of our service areas.

MHSS is predominately an integrated statewide service and this has been its strength. MHSS would encourage all Mental Health Services located in the North and North West to come under the statewide banner of Mental Health and Statewide Services.

Question 2:

How well does the proposed framework align with practice in your discipline?

MHSS believes that integrated service delivery and the use of multidisciplinary teams are the greatest strength of our service areas. Enabling staff to work to their full scope of practice and employing more allied health staff to participate in multidisciplinary practice would be ideal.

MHSS encourages a more thorough investigation of role delineation in Mental Health, Alcohol and Drug and Forensic Services, informed by other jurisdiction's work in this area. Specifically, the role delineation framework does not fit very well with Old Age Psychiatry. There are currently better models of role delineation in use for mental health and alcohol and drug services in Queensland, Western Australia and New South Wales that would better align with our service system.

Question 3:

Where are the areas of service duplication in your discipline?

MHSS will answer this as a service rather than as a discipline as we work in a multidisciplinary model.

Rather than duplication in our area, there are inefficiencies in the system, with no clear pathways of care between each service, i.e. between Government and Community Service Organisations, and between each Community Service Organisation. A clear delineation of roles is needed to ensure that consumers can enter the system and access services in a timely way, with an understanding that what they are receiving is using evidence-based treatment principles.

For Child and Adolescent Mental Health Services, there needs to be clear pathways between each of the service providers, e.g. education, paediatrics, child protection etc. A state-wide service with clear pathways is recommended to ensure that consumers and their families are receiving specialist advice when they need it and a seamless service experience.

Within our own service areas, ADS and MHS often duplicate assessments which also occurs when consumers are entering from a Community Service Organisation or from across the different regional areas. Rather than duplicating this area of work, we understand that we need to engage further with CSO's to ensure that we trust each other to undertake a comprehensive assessment and use the same assessment tool.

Question 4:

Where are the gaps?

MHSS believes strongly that a statewide integrated service system is needed for CAMHS, OPMHS, and ACMHS to ensure that expertise is shared across the State. MHSS is already predominantly a state-wide service and believes that our system will be stronger if these three (3) services became state-wide as well, under the same group banner.

It is well documented that early intervention and prevention works well, especially in the early years. Working with families pre-conception and intervening early on in an illness can prevent consumers and their families from the harms associated with long-term mental illness.

Accessibility and availability of services with clear entry points to each service is optimal. We need more outreach services to be provided in the community with better linkages with primary health care and private practitioners.

Good IT services that allow data to be connected throughout the system: MHSS continues to have huge IT challenges, where systems don't communicate with each other. It is hoped that as we become one health organisation some of these challenges will be managed. However, at present there are gaps within our data capturing and linkages between systems that may affect client care, especially after-hours.

In the North of the state, there is a lack of dedicated old age psychiatry services. This is a large deficit in service provision for this age cohort.

Question 5:

Are there any services being inappropriately provided, or planned, at your facility?

Rather than services being inappropriately provided, MHSS notes that there is some cross over in service provision between government services and the CSO's in Mental Health and Alcohol and Drug Services. A planned system that provides clear delineation of roles is needed. The development of strategic partnership agreements is necessary to ensure this occurs.

As stated previously, the service system is focused on seeing consumers too late rather than providing early intervention and assertive outreach services.

Staff are undertaking low level case management roles rather than working to their full scope of practice, e.g. case management in mental health using allied health and nursing positions to undertake menial tasks, rather than utilising their full skill set.

Throughout the service system, there are limited step up and step down models in use. MHSS are currently reviewing the Model of Care for Adult Community Services in the South to investigate what service models would provide an optimal model for consumers.

The role between Community Sector Organisations (CSOs) and the publicly funded MHSS requires further role delineation, especially in respect to supported accommodation. In other jurisdictions, some of the clinically provided rehabilitation services are provided by the CSOs with often greater recovery effect in relation to patient outcomes.

Question 6:

How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?

We need accessible, local and free services as much as possible that are responsive and user-friendly. We need to consult with consumers and their carers to better understand what they need and provide services where they need them.

MHSS supports clear step up and step down services that are mutually planned with the primary health care sector and the wider community sector. This will be explored further in a review of Adult Community Mental Health Services in the South.

We also need to undertake future planning in large growth areas, such as Kingston to ensure that service provision is provided in the best possible way into the future. Large growth areas such as Kingston in the south of state provide opportunities for reviewing how Mental Health and Alcohol and Drug Services are provided in the community. Planning for these areas ensures that we future proof our services and provide the best possible care.

The role of CAMHS Consultation and Liaison Services is an important service as it can assist primary care practitioners to bypass the Emergency Department (ED) by contacting the service and finding out how to access services, rather than sending patients to ED. However, this service is limited in its capacity due to resource shortages.

Sending clients to ED is often a default position that Community Service Organisations and primary care clinicians use when they want their patient to be able to access services. It would be better to be able to provide alternative pathways that can assist the client in a timely manner.

Question 7:

How do we determine which services to focus on to expand the role of primary and community care?

MHSS supports the use of Integrated Care Centres to provide more outreach services in various locations, using a multidisciplinary model. This allows consumers to enter into the system in one place and access services easily and readily.

Another way of determining which services to focus on is to look historically to relevant and efficient services to expand. For example, expanding Correctional Health Services into a Community Forensic Medical Service is a good example of how these types of models could work.

Question 8:

What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service?

This question seems to be targeted towards hospital-based services. There are no services currently under the MHSS banner that fit this description.

Question 9:

What additional areas should we be considering for interstate partnerships in order to improve service within Tasmania?

Whilst MHSS supports interstate partnerships, it is imperative that there is a clear understanding that consumers will re-enter Tasmania and need well informed expertise in their follow-up care.

Services that could be considered for interstate partnerships are training, education and clinical supervision. In areas where clinicians are providing specialist services, such as neuropsychological assessments, providing training and education resources can assist in supporting these clinicians who may otherwise be unsupported.

Specialist areas such as dual disability, is an area that is not managed well in Tasmania and could benefit from specialised training and education assistance through interstate partnerships.

Question 10:

What services, despite comparatively low volumes, should we continue to invest in in Tasmania, and what interstate supports may be required to maintain them?

Training and education, especially in specialist areas such as dual disability are instrumental in ensuring that consumers are provided with evidence-based care.

Other specialist areas such as Hepatitis C, is another area that we need to invest more in. Hepatitis C is at epidemic proportions in Tasmania and the number of late chronic cases arising, is increasing exponentially. We may need further training and education to increase our expertise in this area.