Australian Medical Association (WA)

Submission to the Review into Clinical Governance of WA Mental Health Services

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Foreword

The Australian Medical Association (WA) represents the professional and industrial interests of medical practitioners in WA.

AMA (WA) notes that a lack of effective clinical governance structures in WA's public mental health and AOD services has a detrimental impact on service delivery. Confused governance structures and a vacuum of accountability means that the Mental Health Commission's cost-neutral, provider-neutral and funder-neutral service plans and strategies, such as the *WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025,* remain largely unimplemented. The system is continues to fail to meet service demand.[1]

In this regard, AMA (WA) welcomes Review into Clinical Governance of WA Mental Health Services (**the Review**), noting that fundamental change is required to improve the system. AMA (WA) has circulated the Review's survey to medical practitioners via our online newsletter, Med e-link, which is delivered to over 8,000 medical practitioners in WA. However, according to our marketing analysis, only eight recipients have completed the Review's survey via Med e-link. AMA (WA) believes that is likely due to the level of disengagement and culture of fear that exists among medical practitioners in our public health services. Poor morale and a fear of speaking up is more commonly reported from psychiatrists and those working in mental health and AOD services. This will be addressed as part our submission. (***see Clinical Workforce***)

As a result of the poor response rate to AMA (WA)'s request to complete the Review's survey, AMA (WA) has conducted its own survey based on the Review's survey. The *AMA (WA) Review into Clinical Governance of WA Mental Health Services Survey* (**the AMA (WA) Survey**) was circulated to psychiatrists, general practitioners, emergency medicine doctors, addiction medicine specialists and any practitioner who has noted an interest in these specialities, mental health or AOD services. AMA (WA)'s survey received 161 responses[2] over the 6 days that the survey was available to practitioners.

AMA (WA) acknowledges the time and feedback provided by AMA (WA) Survey respondents.

[1] As at September 2017, of the 112 actions or sub actions identified for completion by the end of 2017, 27 (24%) had been completed, 75 (67%) were in progress and 10 (9%) were pending.
[2] All AMA (WA) Survey questions were optional. Respondent numbers identified.

Review Recommendation Implementation

In 2012, the "*Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia"*, (**the Stokes Review**)[3] concluded that the governance of public mental health in WA was fragmented, variable in type and method of service delivery, and that there was no robust uniform clinical accountability across the system.

In 2016, the WA Legislative Assembly Education and Health Standing Committee released its report "*Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*".[4] The first finding of the Inquiry was that the WA Government had failed to adequately respond to recommendations made by previous inquiries for more than 15 years. It also found that current governance structures for suicide prevention both nationally and in WA were unclear and roles and responsibilities were ill-defined.[5] The report stated that limited information had been provided to the Committee suggesting that previous recommendations noting a lack of effective governance structures, had since been addressed.

Five years after the Stokes Review was released, the *Review of Safety and Quality in the WA health system* (**the Mascie-Taylor Review**) found that overall governance in WA's mental health system was unclear and warranted "*urgent further review*."[6]

It is disappointing that despite the comprehensive analysis of mental health services in WA, acknowledgement of service deficiencies and the recommendations made in the numerous reviews, inquiries and reports, WA appears to have made little progress in taking remedial action and implementing the recommendations made. This will have had both a negative impact on the financial efficiency of the system and the outcomes delivered. WA's most vulnerable patients continue to be negatively impacted by a system which AMA (WA) and numerous reviews have continuously identified as needing reform.

The confusion created by the numerous organisations which oversee mental health services in WA, the unclear governance structures and a lack of effective clinical engagement contribute to the lack of progress that has been made regarding previous review recommendations and service delivery plans. AMA (WA) has continuously advocated for the urgent need to simply and clarify organisation structures, roles and accountabilities in order to support effective clinical governance. It is critical that

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[3] Stokes, B., "Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia", (2012), Source: <https://www.mhc.wa.gov.au/media/1288/mental-health-review-report-by-professor-bryant-stokes-am-1.pdf>

[4] WA Parliament, Education and Health Standing Committee, "*Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*", (2016), Source: <http://www.parliament.wa.gov.au/parliament/commit.nsf/(Report+Lookup+by+Com+ID)/B7C324463C7E020A4825806E00050947/$file/161114+Aboriginal+Youth+Suicide+Draft+Report+FINAL+with+electronic+signature+17112016.pdf>

[5] *Ibid. Finding 24*

[6] Mascie-Taylor, H, "Review of Safety and Quality in the WA health system", (2017), Source: <https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Review%20of%20Safety%20and%20Quality/Review-of-safety-and-quality.pdf>

the Review's recommendations do not become another missed opportunity to improve the mental health and AOD system.

AMA (WA) highlights the need for the Review to identify parties accountable for recommendation implementation, prioritise recommendation implementation and identify timeframes for recommendation implementation.

AMA (WA) Recommendations

The Review's recommendations must identify:

- ***priorities for recommendation implementation;***
- ***parties accountable for recommendation implementation; and***
- ***specific timeframes for recommendation implementation.***

Clinical Governance Structures

The fragmentation of the WA's health system under the *Health Services Act 2016 (WA)* has had a negative impact on clinical governance in WA's mental health system. Only 3% of AMA (WA) Survey respondents[7] identified an improvement in clinical governance in WA's mental health system following the transition to a devolved governance model in WA's health system. 54% believed there had been either a *'Deterioration'* or *'Significant Deterioration'* in clinical governance.

AMA (WA) notes that there are a myriad of service providers and organisations responsible for the provision of mental health and AOD services in WA. A lack of transparency, accountability and managing differing KPIs and management processes across multiple organisations causes confusion and create silos of care, in a system where integrated, cross agency cooperation is critical to maximising quality consumer outcomes. It also detracts from the system's ability to readily assess outcomes delivered by community-based mental health service, making it difficult to improve service delivery.

The Office of the Auditor General WA is currently undertaking an audit to assess if mental health services are available to meet the needs of people with acute mental health issues, including the use of patient and provider information to improve service delivery and design. The Review should consider the audit of mental health journeys as part of their report.

Clarity of Current Clinical Governance Structures

A majority of AMA (WA) Survey respondents[8] believed that roles, responsibility and accountability under current clinical governance structures in public mental health services are either *'Unclear'* or *'Very Unclear'*. A majority of AMA (WA) Survey respondents felt the same about public alcohol and other drug services.

With reference to accountability under current clinical governance structures in public mental health services, 49% of AMA (WA) Survey respondents[9] felt that accountability was '*Very Unclear'*. Respondents noted that there is confusion within the system as to which profession or individual is ultimately responsible for patient care, prompting inappropriate and unsafe practices. Further, there is no uniformity among organisations that provide mental health and AOD services, in relation to how they interact and interface with other organisations. Different KPIs, bureaucratic processes and subjective goals of care further skew accountability and responsibility.

Respondents indicated that a lack of executive authority over consumer pathways, meant it was easy for community services which are funded to provide specific services, to cherry pick and exclude those with co-morbidities or more complex cases. The absence of accountability in relation to community services means that clinical care becomes the default mode of care. The growing reliance on emergency departments in particular, represents a costly, ineffective and unsustainable use of resources that indicates consumers' needs are not being met. Previous attempts to manage or reform

[7] *n*=123 respondents
[8] *n*=122 respondents
[9] *n*=123 respondents

the delivery of mental health services have focussed on the delivery of clinical services and not the system itself.

Impact of Current Clinical Governance Structures

The majority of AMA (WA) Survey respondents[10] identified the current governance structures, and the widely acknowledged deficits such as multiple service providers, overlapping responsibilities and unclear accountabilities, as having either a *'Somewhat Negative'* or 'V*ery Negative'* impact on:

- Timely decision making (74%);
- Delivery of acute mental health care (68%);
- Delivery of sub-acute & non-acute mental health care (67%);
- Safety and quality culture (59%);
- Quality improvement (58%); and
- Delivery of AOD care (51%).

Over 83% of AMA (WA) Survey respondents[11] felt there were barriers to achieving effective governance structures in mental health. Siloed care, gaps between service interface and the fact that there are multiple mental health boards throughout the Perth metropolitan area alone, all with diverse KPIs and administrative requirements, compounds difficulties in coordinating the integrated care required for mental health and AOD patients across multiple agencies and service providers. A number of respondents have pointed to an over-bureaucratised system that does not engage with clinicians, and in some instances actively resists clinical advice and input.

86% of AMA (WA) Survey respondents[12] stated that it was either *'Difficult'* or *'Very Difficult'* to identify and facilitate patient access to public mental health and AOD services. Respondents highlighted little support for general practitioners and difficulties involved in coordinating integrated care for an individual with complex needs, particularly in an environment with a large number of service providers, differing referral pathways and various exclusion/inclusion criteria to meet. Under-resourced services and high demand exacerbate these issues. As a result, WA's emergency departments have become the default system of acute care for mental health patients. As previously noted, this is often both an inappropriate and more expensive setting for mental health and AOD patients.

AMA (WA) Recommendations

- **Clear governance structures and interface processes which place content experts, such as psychiatrists and addiction medicine specialists, at the heart of service provision and service delivery decision-making.**
- **Simplifying the inherent complexity that exists within the system and facilitating co-ordinated, integrated service delivery which incorporates the provision of appropriate clinical and non-clinical support services.**

[10] *n*=123 respondents
[11] *n*=122 respondents
[12] *n*=122 respondents

- **Primary care providers, in particular general practitioners, play a key role in the delivery of mental health and AOD services and should be supported by revised clinical governance structures. Effective service monitoring and improvement feedback mechanisms are essential.**

WA's Mental Health Commission

The Mental Health Commission (MHC) does not provide direct mental health services, but purchases services for the State. AMA (WA) believes that MHC as an activity purchaser creates an unnecessary dichotomy within WA's health system and AMA (WA) Survey respondents noted that it adds to the confusion that exists around current governance structures, contributes to the poor coordination of services and compounds disengagement with clinicians.

In terms of the impact of having the Mental Health Commission as a separate purchaser of mental health services:

- 62% of survey respondents[13] felt it has either a *'Negative'* or *'Very Negative'* impact on ***service efficiency***;
- 58% of survey respondents felt it has either a *'Negative'* or *'Very Negative'* impact on ***clinical governance***; and
- 57% of survey respondents felt it has either a *'Negative'* or *'Very Negative'* impact ***quality or safety***.

AMA (WA) notes that the MHC employs the equivalent of approximately 288 full time staff. 15.9 of those are medical practitioners. This raises serious questions about the degree of clinical engagement and 'content expert' involvement in WA's mental health and AOD service direction. This adds to the lack of transparency that currently shrouds WA's mental health and AOD services, which in turn negatively impacts service benchmarking and quality improvement. Safety and quality data for mental health and AOD services is critical in improving consumer pathways and patient care, yet KPIs for the Mental Health Commission primarily relate to cost of service delivery, not patient outcomes.

AMA (WA)'s Survey asked clinicians to rate the Mental Health Commission's performance in relation to clinical engagement, accountability regarding service delivery and value for money. A majority of respondents rated the MHC's performance as either *'Poor'* or *'Very Poor'* in relation to all three.

Please rate how well you think the Mental Health Commission performs in relation to:

	Excellent	Good	Fair	Poor	Very poor	N/A
Clinical engagement	1%	3%	22%	30%	37%	9%
Accountability regarding service delivery	0%	4%	15%	33%	39%	9%
Value for money	1%	2%	20%	32%	30%	15%

[13] *n*=116 respondents

The AMA (WA) Survey results indicate a degree of disconnect between those who provide care to consumers and the bureaucracy that makes purchasing and service delivery decisions. This disconnect negatively impacts the system's financial efficiency and clinical outcomes, in addition to limiting the system's ability to react effectively in response to critical issues or service gaps.

AMA (WA) Recommendations

- **AMA (WA) maintains that the purchasing dichotomy in WA's health service needs to be addressed in order to ensure clear and accountable governance structures for WA public mental health and AOD services.**
- **Revised governance structures must reflect the need to have psychiatrist involvement at every level of management and clinical delivery decision making.**
- **Transparent reporting and measuring consumer outcomes will improve accountability and service delivery.**

Clinical Workforce

An AMA (WA) Survey respondent referred to WA's mental health system as a *"fragile system"* precariously held together by the workforce. In this regard, AMA (WA) holds grave concerns for the WA's mental health and AOD system due to the WA Health System's poor workplace culture, low morale and at times dysfunctional work environment, all of which are systemic in the public mental health and AOD services. At the heart of this is a lack of security in employment and an abuse of short term employment contracts to create a prevailing culture of fear and retribution amongst medical practitioners in WA's. Consequently, medical practitioners are reluctant to question decisions of management out of fear of not having their contract of employment renewed.

In addition to AMA (WA) raising the mismanagement of employment contracts over a number of years, numerous public reviews have been critical of the practice and pointed to the abuse of short term employment contracts:

Review of City East Community Mental Health Service[14]

"There is pervasive fear of 'retribution' amongst staff about questioning decisions, expressing concerns or generally 'speaking out'. This fear is accentuated for many by the fact they are on short-term employment contracts. Staff gave numerous examples of colleagues who had 'disappeared' with no explanation of why they have left or formal acknowledgement by the organisation of their leaving."

Damning assessments such as those made in the *Review of City East Community Mental Health Service* do not appear to have been met with action. AMA (WA) regularly hears accounts of a toxic work environment that persists in WA Health Service mental health and AOD services. The AMA (WA) Survey data reflects this:

- 50% of AMA (WA) Survey respondents[15] did not feel secure in their employment.
- 75% stated that they were concerned about the impact on their future employment if they were to question management decisions.
- 46% were concern concerned about the impact on their future emplo0yment if they were to raise clinical concerns.

The aforementioned data is not reflective of a rewarding and transparent clinical workplace that is able to maximise clinical outcomes. Such an environment poses a direct risk to patient care.

AMA (WA) also notes other challenges faced by the WA's mental health and AOD clinical workforce. The WA Health Medical Workforce Report 2015-16[16] found that WA has a shortfall in projected supply of addiction medicine specialists and psychiatry specialists and projected demand. Both specialties were identified as 'critical risk' specialties between 2021 and 2025.

[14] WA Health, "Review of City East Community Mental Health Service", November 2017
[15] *n*= 85. Data relates only Senior Practitioners employed by WA Health Service Providers.
[16] WA Health, *"Medical Workforce Report 2015-2016"*, (2017), Source: <https://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports%20and%20publications/Medical%20Workforce/Medical-Workforce-Report-2015-16.pdf>

AMA (WA) Recommendations

- **There should be clear pathways for the clinical workforce to escalate concerns about service delivery and patient care.**
- **An independent, urgent review of all medical practitioner appointments in mental health and AOD services in the WA Health System should be undertaken. Specifically, abuse of short term contracts should cease immediately and current abuses should be rectified. A system of long term and permanent appointments should be implemented immediately.**
- **In recognition of the important role that clinical engagement and morale play in effective clinical governance, targets and recommendations relating to clinical morale and engagement must be implemented as soon as possible. Employment strategies and support systems that placate the current culture of fear and retribution in the workplace are necessary.**