Australian Medical Association (WA)

Response to the Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025

Contents

AMA (WA) Recommendations 1
The AMA (WA) Response to the Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 3
Need for Implementation 3
Transition to Community Services & Strategy Implementation 3
Priority Areas 4
WA's Emergency Departments 4
Severe Mental Illness (SMI) groups 4
Alcohol and Other Drug issues (AOD) 4
Adolescents 4
Foreseeable problems and gaps 5
Graylands Hospital and Selby-Lemnos facilities 5
Neurocognitive Disorders 5
Service Access and Exclusion (Stigma and "invisible barriers") 5
Integration and the need for teamwork 6
Quality and monitoring 6
Cost and sustainability 6
Conclusion 7

AMA (WA) Recommendations

The Australian Medical Association (WA) welcomes the opportunity to comment on the Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 and makes the following recommendations:

1. **The Strategy must be accompanied by a detailed implementation plan which includes costings and is made available for public review and comment.**

2. **Mental health resources for ED and consultation liaison services must be increased immediately.**
    - In practice, there is a need to increase psychiatrist and front-line staff numbers. These increases should be clear and transparent, with workload monitoring implemented.

3. **Access to subacute beds and community accommodation services must be improved urgently.**
    - Priority must be given to ED and acute mental health services (ie "stepdown"). If acuity or risk is an issue, resourcing should be provided for clinical or non-clinical support.
    - Providing early access to appropriate clinical and non-clinical support services will reduce the reliance on more expensive acute service delivery.

4. **System-crisis management strategies, designed to deal with situations where EDs and acute mental health beds are occupied, must be developed**.
    - This should be transparent, reported, with detailed steps and lines of accountability and include strategies to enable opening additional beds for when demand exceeds capacity.

5. **Strategy implementation must be integrated and executed in conjunction with Health Service Providers, the HSP Boards and NGO groups.**
    - The plan should detail clinical and non-clinical support, the role of each accommodation provider should be clear.
    - High priority areas should be addressed immediately, with clear vision and direction developed.

6. **Planning must involve clinicians and consumers.**
    - Planning must utilise consumer data, including ED presentation data, consumer and stakeholder feedback and utilisation pathways.
    - Clinical engagement is essential and planning must involve clinicians with related expertise who are involved in care delivery.

7. **Service access and "invisible barriers" should be identified and addressed.**
    - System navigation should be improved through the creation of an accessible centralised accommodation and services directory, booking system and waitlist management.
    - Consumers transitioning between services are at risk and monitoring is required to ensure effective handover.
    - Consumers and referrals turned away by services also should be monitored and service gaps addressed. In the event that consumers are not accepted by accommodation or support services, a process of escalation should be in place.

8. **Services to consumers must be integrated and coordinated across all providers.**
    - The focus should be on practical day to day clinical implementation.
    - Systems should be developed that facilitate provider collaboration.
    - Each service provider should have a clear role and responsibilities. Again there is a need for reporting of clinical, non-clinical and functional outcomes.

9. **The National Standards for Mental Health should be implemented across all sections and providers of the mental health sector.**
    - This will help to ensure that consumers are receiving high quality accommodation and care. Monitoring and reporting should be centralised, standardised and transparent for all services.

10. **Quality Improvement (QI) monitoring and system-wide Key Performance Indicators (KPIs) should be implemented.**
    - Typical measures including numbers of acute presentations, referrals accepted and turned away by services and community appointment wait times.

11. **Bed availability (ED, MHOA, acute voluntary and involuntary) and waitlists for community accommodation should be monitored and reported in real time.**
    - A key and integral component is individual consumer and supporter feedback including those who use (or are turned away from) services.

12. **Reporting of data and KPIs should be real time, centrally collected and transparently reported.**
    - All levels of the services should have access including Health Service Provider Boards, Department of Health and MHC. Information sharing will allow benchmarking of regions and identification of high functioning or struggling services. This is consistent with Australian Council of Healthcare Service (ACHS) methodology.

The AMA (WA) Response to the Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025

The Australian Medical Association (WA) welcomes the release of the Western Australian Mental Health Commission's Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 ("the Strategy"). The Strategy, which has been in development for the past three years, is expected to guide mental health and alcohol accommodation for the next seven years. Western Australia has experienced major problems with its accommodation services and the AMA (WA) recognises the need to review and manage mental health accommodation and support services in WA.

Critically, the Strategy identifies the consumer as the central and most important stakeholder in the system: the system must function and operate to provide consumers access to timely, appropriate and well supported accommodation options.

Need for Implementation

Accommodation and support services are the lynchpin of community services. The AMA (WA) believes that the implementation of the Strategy is critical to promote positive change in the system. The Strategy gives a well described overview of aims, principles and models, but is an aspirational document. While providing a positive general direction, effective implementation of the Strategy is required for a positive impact on consumers. The principles and aims outlined in the Strategy must be translated into detailed plans.

While the Mental Health Commission (MHC) will play an important role, successful implementation of the Strategy requires engaging and involving the Health Service Providers established pursuant to s.32(1)(b) of the *Health Services Act 2016 (WA).* Robust service monitoring and improvement should be guided by consumer and stakeholder feedback mechanisms which must be embedded.

Transition to Community Services & Strategy Implementation

The transition towards community based mental health care services reflects international experience and best practice recommendations, promising more appropriate care at a lower cost. The AMA (WA) recognises the crucial role that community services should play in a needs-based model of mental health care. However, the reality is that consumers in WA continue to rely on hospital based services, evident from the increasing proportion of emergency department attendees presenting with a primary diagnosis attributed to mental health or behavioural disorders and the state's acute mental health services operating beyond capacity. It is clear that the implementation and management of community services have not been effective and are not meeting consumer needs.

Priority Areas

The AMA (WA) notes that a number of reports and reviews, complemented by community opinion, have highlighted key areas that present the most significant system challenges. Appropriate accommodation and support options that meet the personal and cultural needs of mental health service consumers are fundamental in addressing these focus areas.

WA's Emergency Departments

Emergency Department (ED) pressures are a major and obvious issue for Western Australia. The impacts come at several levels and there is a link to accommodation issues. Theoretically, consumers should receive acute support and help in the community. The reality is that waiting lists for community services are long (e.g. months) and while waiting to access community services, the mental health issues deteriorate. Consequently, these consumers are left with no option but to present to a hospital ED.

Following assessment in ED, appropriate service delivery demands that consumers should be able to return to stable, safe and appropriate accommodation. More often than not, there are no suitable services and discharge is delayed. Stepdown beds designed to support ED and acute services often can't accept consumers as they lack clinical and non-clinical service support. When consumers are eventually placed in mental health accommodation, given the lack of organised clinical and non-clinical support services, their mental health issues deteriorate and they have no option but return to a hospital emergency department.

Severe Mental Illness (SMI) groups

Consumers with severe mental illness represent an extremely vulnerable consumer group, with high needs. Despite this, consumers who experience the most severe illness, often receive substandard care. As a result of poor planning, there is limited accommodation for SMI consumers and poor integration between clinical care and community services. Despite having chronic and severe psychotic illness, residents in WA's psychiatric hostels are often unable to access support services. This increases the likelihood of ED presentation, interaction with the criminal justice system and homelessness.

Alcohol and Other Drug issues (AOD)

Western Australia has major issues with alcohol and other drugs, in particular methamphetamine and stimulants. Comprehensive service delivery requires facilities for acute detoxification, capacity in subacute services and long term supported accommodation. A functioning, effective service can only be built upon well-planned and integrated clinical, non-clinical and NGO supports, with accessible integrated drug and alcohol support services. As with the other high priority groups, a failure to provide effective support services has resulted in an increased reliance on hospital EDs and preventable interaction with the criminal justice system.

Adolescents

Adolescents in Western Australia experience significant issues in accessing appropriate accommodation and support services. It is well recognised that intervention in younger populations can have significant impact in preventing future harm. While community resources have increased (e.g. Headspace) and some additional resources have been committed to acute inpatient beds, there is still a significant deficiency in subacute and longer term accommodation services.

Foreseeable problems and gaps

The AMA (WA) notes that there are a number of impending and clearly foreseeable service issues that will require effective accommodation and support service planning and implementation. In particular, demographic changes, such as an ageing population and the corollary growing demand for older adult mental health services, must be considered by the Strategy.

Graylands Hospital and Selby-Lemnos facilities

Despite the closure of Graylands Hospital and Selby-Lemnos facilities being acknowledged as an urgent priority area for decades, there has only been inaction to date. These rundown facilities provide services for the most severely mentally ill consumers. There have been attempts to relocate consumers into the community, but these have ultimately been costly and expensive failures. The Strategy must address the accommodation and support services required to facilitate the closure of Graylands Hospital and Selby-Lemnos, accounting for the redistribution of acute and chronic services.

Neurocognitive Disorders

WA has an ageing population with an increasing demand from consumers with neurocognitive disorders (e.g. dementia), which the Strategy must consider.

There is a growing population of younger patients with neurocognitive disorders (e.g. head injuries, autism) and at present no service responsible. Consumers with severe neurocognitive disorders are often housed in aged care facilities, which are not appropriate and can place the older residents at risk of violence or aggression. Community service providers should utilise funding changes under the NDIS to provide develop appropriate accommodation and support strategies for consumers with severe neurocognitive disorders.

Service Access and Exclusion (Stigma and “invisible barriers”)

Issues that present at a service delivery level include limited service accessibility. Clinicians are required to contact multiple accommodation providers to try and assist consumers presenting to EDs and acute hospital settings. This can only be effective if clinicians have access to all the accommodation options available in the region, which many do not. Assuming that an appropriate service provider is located, consumers are often excluded from accommodation because they do not meet the admission criteria and internal rules that serve as “invisible barriers” and block patient flow through the system.

The AMA (WA) understands that services avoid taking on complex or challenging patients in order to contain costs, decrease workloads and manage risk for the service. The lack of accountability relating to allocated activity and service delivery sustains the invisible barriers. Increasing the level of accountability, coupled with defined roles and accommodation provision for high priority groups, particularly in regional areas, is critical to sustainable and efficient funding of community services. Providing appropriately resourced accommodation, with appropriate clinical and non-clinical support, is critical for successful service delivery that would reduce consumers’ reliance on ED services.

Integration and the need for teamwork

Previous strategies have considered accommodation as a separate stream to clinical and non-clinical support services. The evidence is clear: consumers have better outcomes when the service is delivered by multidisciplinary care teams that are organised and integrated.

Currently accommodation services are often provided by an NGO, with clinical services provided by an area health team, support services provided by another NGO and primary care needs addressed by general practitioners. There are various funding providers, distinct lines of reporting and numerous management teams which all have different outcomes to measure. The multiple layers of bureaucracy and disparate outcomes to be achieved and measured by each service provider are inherently complex. This complexity serves as a barrier to effective coordination. Effective planning for co-ordinated, integrated service delivery would incorporate provision for appropriate clinical and non-clinical support services from the outset.

Quality and monitoring

Consumers rightly expect high quality public services. The National Standards for Mental Health have been implemented across Australia and provide guidance as to what is required. This includes the need for integrated care. Consumer feedback is essential and should encompass those consumers who have not been able to access services, to ensure the system can identify gaps in service delivery and areas of improvement. Consumer outcomes are also essential, with transparent measures across all state mental health services, including the availability and provision of clinical and non-clinical support. There is an urgent need for centralised reporting from all care providers, linked to individual consumers to establish whether services are meeting needs or should be adapted to meet requirements.

Cost and sustainability

The financial cost of mental health services is a concern for public and private services. The growing reliance on emergency departments represents a costly, ineffective and unsustainable use of resources that indicates consumers' needs are not being met. Previous attempts to manage or reform the delivery of mental health services have focussed on the delivery of clinical services and not the system. System integration is vital to sustainable and cost effective service provision.

The AMA (WA) asserts that the system, composed of numerous silos with services funded by distinct, independent agencies, should be streamlined. The silo mentality disrupts the provision of effective clinical services, as each independent service provider reports to different managers, follows different directions and has an independent outcome it is striving to achieve. The effect of the silos is an increase in costs and uncoordinated outcomes. The AMA (WA) believes that, in order to reduce costs, service providers often overlook the need to provide clinical services (e.g support services to psychiatric hostels). As a result, consumers rely on emergency departments to provide care and require prolonged acute mental health admissions. The counterintuitive 'savings' achieved at a service delivery level, shifts the burden to the more expensive hospital system, where demand already exceeds capacity and induces consumer suffering. There must be recognition of total system cost and best consumer outcomes in all levels of accommodation and support service planning, with transparent reporting of finances and service impacts of decision-making. There are successful models, implemented internationally that have already addressed these issues.

Conclusion

Western Australia and other states are now facing major issues in their mental health services, evident from recent election commitments made to hold a royal commission into mental health services in Victoria. Consumer experience demonstrates the system is not working. The shift to community services and defunding of acute hospital services has not been coupled with the required streamlined, integrated management of service delivery and care provision in the community. This has resulted in consumers relying on emergency departments and acute services which is an expensive and unsustainable way of delivering services.

The AMA (WA) recognises the pivotal role that community services play in the provision of mental health services in WA and acknowledges that the elements of a world-class system have been assembled. However, a lack of practical implementation, effective accountability and service-provider integration and collaboration, negatively impacts consumer experience and service cost. Defining clear service roles, implementing service delivery and outcome monitoring, in addition to valuing consumer and clinical feedback, will guide ongoing system improvement. The Strategy outlines the required direction of community services and with effective implementation, represents an opportunity to improve consumer experience and outcomes.