

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	The Royal Australian and New Zealand College of Psychiatrists
6. Location	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

22 May 2018

Ms Robyn Kruk AM
Panel Chair
Sustainable Health Review

By email to: shr@health.wa.gov.au

Dear Ms Kruk

Re: Interim Sustainable Health Review Report

The Western Australian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP WA Branch) welcomes the opportunity to provide feedback regarding the Western Australian Government's Interim Sustainable Health Review Report.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP has almost 6000 members including more than 4000 qualified psychiatrists and around 1500 members who are training to qualify as psychiatrists. The RANZCP WA Branch represents over 450 members, more than 340 of whom are qualified psychiatrists.

The RANZCP WA Branch commends the Interim Report's consideration of mental health as a significant area of concern for the health system, as it is an area in which substantial service gaps for vulnerable population groups remain.

The RANZCP WA Branch is broadly supportive of the Directions identified in the Interim Report, anticipating that mental health issue will be routinely considered and integrated in the development and implementation of each of them.

In the attached submission we have provided feedback regarding questions 13 and 14 of your survey, with an emphasis on Direction 4 and Recommendation 4.

In 2012, the Stokes Review noted that 'a single point of authority must ensure linkages across a mental health system to deliver patient-focused care' (Stokes, 2012).

Given the significant restructure of the Department of Health in the past 2 years, this point is once again becoming increasingly pertinent.

The RANZCP WA Branch urges the Sustainable Health Review to take this important opportunity to broaden the scope of Recommendation 4 of the Interim Report to reflect Mascie-Taylor's (2017) *Review of Safety and Quality in the WA health system*

recommendation that 'an external review of the overall governance of the mental health system in WA should be initiated as a system priority.'

The RANZCP WA Branch would welcome the opportunity for further consultation, and if you would like to discuss any of the issues raised in the submission, please contact [REDACTED]
RANZCP WA Branch [REDACTED]
[REDACTED]

Yours sincerely



Dr Elizabeth Moore
Chair, RANZCP Western Australian Branch

References:

Mascie-Taylor H (2017) Review of Safety and Quality in the WA health system – a strategy for continuous improvement. Available at ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Review%20of%20Safety%20and%20Quality/Review-of-safety-and-quality.pdf (accessed 23 October 2017).

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The Royal
Australian &
New Zealand
College of
Psychiatrists

Government of Western Australia: Department of Health
Interim Sustainable Health Review Report

May 2018

inform and influence mental health policy in Australia

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6000 members including more than 4000 qualified psychiatrists and over 1500 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The Western Australian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP WA Branch) welcomes the opportunity to provide feedback regarding the Western Australian State Government's Interim Sustainable Health Review Report (Interim Report). The RANZCP WA Branch supports the WA Government's aim to prioritise the delivery of high-quality, patient-centred sustainable health care across WA into the future.

As clinical specialists in mental health, our focus is on the provision of care for people with, or at risk of, mental illness, their carers and the community.

The RANZCP WA Branch perceives that the overarching challenge currently facing the mental health system in Western Australia is the lack of clarity and capacity in the current governance structure – a problem that has been exacerbated by the devolution of the Department of Health. The RANZCP WA Branch urges the Sustainable Health Review to take this important opportunity to ensure the underlying governance system has the right balance to properly plan, deliver and sustain the mental health services in WA.

Questions 12–13

The RANZCP WA Branch is broadly supportive of the Directions identified in the Interim Report, anticipating that mental health issue will be routinely considered and integrated in the development and implementation of each of them.

The RANZCP WA Branch has noted more specific feedback regarding Direction 4 (including the associated recommendations for action) and Direction 8 below.

Direction 4

'Facilitate effective interaction between acute and community-based mental health services to deliver mental health reforms across the WA health system'

The RANZCP WA Branch commends the Interim Report's consideration of mental health as a significant area of concern for the health system, as it is an area in which substantial service gaps for vulnerable population groups remain.

The RANZCP WA Branch is highly supportive of an approach to mental health in which consumers are able to access well-integrated services that provide support in the community sector and the acute sector as needed.

An integrated and coordinated approach to mental health is critical to best practice care. Ideally consumers are able to access timely and appropriate care in a location that works for them and their support networks. Where evidence-based and integrated care is accessible, people are more likely supported to manage their clinical and functional stability in the community and avoid or decrease the use of hospital admissions.

While broadly supportive of Direction 4, the RANZCP WA Branch is concerned by some of the explanations articulated in the Interim Report regarding this direction.

The Interim Report states that acute services are funded at the expense of community services – implying that shifting current funding to community services would lead to a decrease in the need for acute services (Department of Health, 2018). In the view of the RANZCP WA Branch, this inference poses significant risks to the development of a sustainable health system as it fails to take into account the population level impacts of these changes, inadequacy of current governance structures to support accountability in system transition, and the impact that the loss of specialist services would have on the overall system.

The RANZCP WA Branch shares the concerns of the RANZCP NSW Branch noted in response to the NSW Review into the transparency of funding in mental health, that:

‘Even though it is a desirable objective to shift the numbers of people with mental illness from admitted to non-admitted settings [...] there is limited evidence to support a decrease in admissions for severe mental illness as a result of interventions occurring in the community and a growth in community mental health services. In fact, the evidence to date suggests a trend of increasing need for hospital admission when increased community mental health service activity levels unmask those living with untreated or sub-optimally treated severe mental illness.’ (RANZCP, 2017).

A diversion of existing service funding also needs to be considered in the light of changing demographics. For example – as the comparatively large ‘Baby Boomer’ generation shift into the older adult cohort, the numbers of people with age-related conditions such as dementia (and in particular dementia with severe behavioural and psychological symptoms) that are unable to be supported at home within acceptable levels of risk to themselves and the community could be expected to rise. While more, and better, community services will enable a greater percentage of people to remain in their communities of choice, the number of people who require acute services may still increase rather than decrease as a result of this generational shift.

In the view of the RANZCP WA Branch, poorer outcomes are experienced by consumers and carers where there is inadequate access to appropriate services at any stage of the care continuum. For some consumers being able to access timely services at a community level may avoid an escalation in acuity and further engagement with mental health services, for others early diagnosis and access to acute specialist services may mean better outcomes. Direction 4 quite rightly identifies that the interaction between the services is a significant component of the system as gains made by consumers in one service setting may be undermined if transitions between services are disjointed.

Service providers must be clearly aware of their role in any given pathway, the context of their role within a broader system and accountable to that system for the service component they have been tasked with providing if interactions between services are to be effective. A specialist mental health system manager

with oversight of the availability of a range of services and an understanding of, and commitment to, integrated pathways between services and the capacity to address system imbalances is therefore of critical importance.

Recommendation 3

The RANZCP WA Branch is concerned that clinicians are not explicitly acknowledged in Recommendation 3 as collaborators in developing clinical needs-based models. Psychiatrists and other mental health professionals provide multi-disciplinary expertise in the diagnosis and treatment of mental illness and are important partners in care.

The RANZCP WA Branch is particularly concerned that mental health specialist clinical leaders are now almost entirely absent from the decision-making and executive bodies at the Mental Health Commission, Department of Health and Health Service Providers (HSPs). Without the involvement of psychiatrists at these decision-making levels, the significant risks that are unique to mental health are poorly understood and addressed by mainstream health management.

In consultation on matters of system planning and policy it is critical that the expertise of clinicians and mental health workers is not conflated with the organisational views of service providers. Initiatives that may seem desirable from an organisational point of view may be impractical, impossible or even harmful if implemented in practice.

Recommendation 4

The RANZCP WA Branch supports the recommendation that there is an immediate review of the clinical governance of mental health in WA.

However, the WA Branch is strongly of the view that Recommendation 3 needs to go further and reflect Recommendation 24 of the 2017 Mascie-Taylor *Review of safety and quality in the WA health system* which said:

'There is an urgent need to simplify and clarify the organisational arrangements supporting effective clinical governance of mental health services in order to provide direction, consistency and facilitation across service providers. To this end an external review of the overall governance of the mental health system in WA should be initiated as a system priority.' [RANZCP emphasis] (Mascie-Taylor, 2017).

That the underlying organisational arrangements are integral to the provision of good clinical governance, and that a review of these arrangements should be initiated as a system priority is a view shared by the RANZCP WA Branch.

It is the view of the RANZCP WA Branch that since the introduction of the Health Service Boards (HSBs) there has been an increasing fragmentation of the mental health system governance – a situation which poses significant challenges for moving in the direction of effective interaction between all mental health services. These challenges are being exacerbated by a dearth of clinical expertise in mental health leadership and what appears to be a decreasing availability of specialist mental health non-clinical support required for implementing system reform and building cross-sector collaboration.

Therefore, the RANZCP WA Branch considers that WA's mental health system requires urgent clarification of the roles and accountabilities of the key stakeholders in mental health and the implementation of more transparent and sustainable governance structures moving forwards

The RANZCP WA Branch have provided further feedback regarding the governance review in our response to Question 14, noting issues that we believe should be in scope.

Direction 8

The RANZCP WA Branch is supportive of Direction 8, and views IT reform as an initiative that has the potential to drive efficiency, identify trends and decrease clinical risk in mental health. Currently in mental health services, multiple reporting protocols responding to varying jurisdictions, accreditation and statutory bodies, Acts of Parliament and services have led to disjointed, time-consuming and duplicated administrative tasks. Less than seamless integration of paper-based and digital records, and multiple databases that do not interface well continue to be problematic.

The RANZCP WA Branch believes that a digital strategy for mental health is an important step, and revision of PSOLIS, integration of reporting frameworks and implementation of e-health records have the potential to free up significant time and resources for clinical care that is currently devoted to administrative tasks.

Noting the challenges that have been associated with implementation of varying IT systems in mental health to date, the RANZCP WA Branch cautions that without proper consultation with staff and adequate resourcing (including training) during implementation the potential to increase workload and staff stress levels, reduce clinical efficiency and further complicate the existing patchwork of systems is significant.

Question 14

While the RANZCP WA Branch commends the Sustainable Health Review on the recommendation for a review of clinical governance, the Branch considers that the key governance challenges lie in the lack of clarity regarding where the accountability rests for the performance of the integrated system (as opposed to discrete components, such as a Health Service) and the capacity to assess and then, most importantly, take effective action to address gaps, inefficiencies and opportunities that are present in the system.

WA does not have the population to support a full suite of services in each area, and it is therefore critical that mental health services are integrated and flexible across catchment areas. Additionally, the movement of consumers between services of varying acuities, locations, models, funding jurisdictions across their lifespan means that – unlike mainstream health – mental health services cannot be effectively delivered in siloed, geographically based services.

Mental health services are consistently vulnerable to restructuring and efficiency measures in mainstream health services that do not take into account the impact on mental health-care pathways and outcomes. When service providers under financial pressure make cuts to manage to their local budgets, the impact of such budgetary efficiencies can have significant consequences across the broader mental health system as important care pathways are disrupted and access to services becomes blocked.

Where individual HSPs or NGOs are funded to provide specialised services for particular cohorts, those services must be clearly and readily accessible to all Western Australians who need them regardless of postcode. Boundary disputes are distressing for consumers, carers and staff; drive up risk and are a waste of valuable clinical time and resources. Quick and effective mechanisms that take into account the entire mental health system are required for resolution.

While clinical services can be easier to account for given the more direct nature of service provision, the adequacy of the provision of resources to support reform initiatives (for example research, training and evaluation for development and roll-out of best practice clinical documentation; piloting and evaluating successful peer-based models; developing collaborative care guidelines and developing effective transition strategies with community-based services) can be much more complex to ascertain. These aspects of mental health service provision are significant in supporting clinicians integrate reforms into clinical practice, and like clinical services, the mental health policy and planning expertise must have a remit wider than their geographic areas. Where these kinds of services have been embedded in broader Health Service directorates, it becomes difficult to ascertain whether mental health services have adequate expertise and capacity available to implement system reforms.

Rigorous oversight and action on behalf of the mental health system manager and transparency regarding service provision is required to ensure that consumers and carers experience our mental health system as one in which there is 'no wrong door' and transitions between community and acute services are seamless.

Within organisations, effective clinical governance is required to ensure that safe, quality services are delivered. And although the RANZCP WA Branch notes the important and effective role the Office of the Chief Psychiatrist plays as an independent arbiter of safety and quality, we are deeply concerned that there are no psychiatrists within the senior executive levels of the Mental Health Commission, the Department of Health, Health Service Boards, and, to a large extent, the HSPs. In our view, this is contributing to, and will increasingly contribute to, the siphoning of critical mental health resources into general health and the development of organisational structures that do not support the complex and unique health needs of mental health service consumers.

In 2012, the Stokes Review noted that 'a single point of authority must ensure linkages across a mental health system to deliver patient-focused care' (Stokes, 2012). This observation seems particularly pertinent once again.

The Interim Report briefly considers some suggested models for governance, and indicates support for the continuation of the Mental Health Commission as a distinct entity. The RANZCP WA Branch does not offer a view on the most appropriate configuration of organisations. However, given the significant restructure of the Department of Health in the past 2 years, the RANZCP WA Branch suggests that there may need to be some consideration of whether adjustments to the scope, authority or resources of existing mental health entities with a role in governance are required.

The RANZCP WA Branch therefore considers that although the recommended clinical governance review of the mental health system is well advised, if Western Australia is to have an effective, accountable and sustainable mental health system into the future, the scope should be reviewed to consider the capacity of the current (or any future) organisational structure with regard to the following:

System coordination

- Capacity to model, assess, integrate and balance service mix across the system.
- Level of oversight that allows for identification of disruptions to care pathways and services.
- Authority to resolve issues and manage disputes that arise between discrete parts of the mental health system.

Consistent policy

- Deliver well-integrated policy that (where possible) coordinates the input of the Mental Health Commission, Department of Health, HSPs, Office of the Chief Psychiatrist with requirements of

legislation and federal accreditation to reduce the current gaps, overlaps and confusion that characterise the current system.

- Support consumers, carers and clinicians to contribute to the development of policy.
- Deliver policies which are funded, able to be implemented, are implemented, are sustainable and are evaluated.
- Are able to assist in the consideration of mental health issues in the development of other government policies and procedures – particularly in general health (for example the State Public Health Plan), around housing and justice would be of benefit.

Consistent operational processes

- Foster a collaborative approach to developing consistent operational processes so that duplication of effort is reduced and there is less risk for mobile staff and patient populations.
- Capacity to develop appropriate processes to support policy – for example manage beds, develop appropriate standard clinical documentation, oversee implementation of a digital strategy.
- Accountability for implementation and authority to act where necessary.

Funding transparency

- Ensure there is clarity and transparency at all levels regarding mental health expenditure, particularly within HSPs.
- Ensure value for money is assessed.

Adequate oversight of service provision

- Have the capacity and authority to clearly assess the extent to which mental health funding is being used to support mental health outcomes.
- Ensure administrative costs and benefits are equitable with other health services and appropriate in the circumstances.
- Negotiate and set appropriate ceilings on overheads where necessary.

Recommendations

In closing, the RANZCP WA Branch reiterates the points made in our initial submission to the Sustainable Health Review:

1. That the governance of the mental health system be urgently revised.
2. That a single, identifiable body with a level of accountability on par with Health Service Boards, hold the overall responsibility for the mental health system.
3. That the expertise of mental health clinicians, and in particular, psychiatrists, is explicitly sought in system management.
4. That the system is developed to enable integrated, cost-effective approaches (such as consultation liaison) to be implemented.
5. That review and reform cycles in health and mental health be synchronised to ensure reforms in one system do not adversely affect established programs and relationships in the other.
6. That information systems for mental health be updated to provide fit-for-purpose tools for consumers and carers, clinicians, managers, planners and advocates.

Royal Australian and New Zealand College of Psychiatrists submission

Western Australian Interim Sustainable Health Review Report

References

Mascie-Taylor H (2017) Review of Safety and Quality in the WA health system – a strategy for continuous improvement, Available at ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Review%20of%20Safety%20and%20Quality/Review-of-safety-and-quality.pdf (accessed 23 October 2017).

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Stokes B (2012) Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. Available at: www.mhc.wa.gov.au/media/1288/mental-health-review-report-by-professor-bryant-stokes-am-1.pdf (accessed 17 May 2018).

Western Australian Department of Health (2018) Interim Report of the Sustainable Health Review Available at ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/sustainable-health-review-interim-report.pdf (accessed 10 May 2018).