



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Tasmanian Department of Health  
**Launceston General Hospital Masterplan**

February 2020

# Improving the mental health of communities

# Royal Australian and New Zealand College of Psychiatrists Submission

## Launceston General Hospital Masterplan

### **About the Royal Australian and New Zealand College of Psychiatrists, Tasmanian Branch.**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation which 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 Tasmanian Branch (RANZCP Tasmanian Branch) currently has 87 Fellows and 23 trainees. 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.

### **Executive Summary**

The RANZCP Tasmanian Branch has identified the following areas which we believe should receive priority funding from the LGH Masterplan:

- Facilities for people with severe mental illness and challenging behaviour, this includes for-purpose units for patients with dementia, those affected by alcohol and other drugs, and psychiatric conditions like suicidal ideation and borderline personality disorder.
- Specialised units for eating disorders and perinatal care.
- Outpatient Child and Adolescent Mental Health Service (CAMHS) which provide interdisciplinary assistance for managing chronic, complex and treatment resistant issues in children and young people. This unit would be co-located within paediatrics.
- Dedicated Neurostimulation Unit which can provide ECT and TMS within its own inpatient facility to provide cutting-edge care to those suffering from illnesses which can be improved with Neurostimulation treatments, such as treatment-resistant affective disorders, depression, mania and others.
- Integrated Mental Health Care Triage Service to coordinate intake, community treatment, crisis assessment teams and the Department of Emergency Medicine.

### **Introduction**

The RANZCP Tasmanian Branch welcomes the opportunity to contribute to the Department of Health's Launceston General Hospital Masterplan ('the Masterplan'). The recommendations contained within this submission are based on consultation with the RANZCP Tasmanian Branch which is made up of community members and psychiatrists with direct experience working in private and public inpatient and community settings.

The RANZCP Tasmanian Branch believes the Masterplan should adopt a recovery-focussed, person-centred approach, making it more individually tailored and based on partnership between individuals, families and professionals. [1] The LGH must strive to deliver world standard care to all residents of Northern Tasmanian regions.

The needs of consumers are changing, as the population ages, there is a greater number of patients presenting with complex diseases. We have the oldest population, the highest disadvantage and the lowest social and educational attainment of all states. Tasmania ranks highest or second highest in nearly every social determinant of mental illness and mental health and our indicators of psychological distress as measured by CATI K10s is also very high.

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There is considerable need for improved mental health-care services, particularly for those with behavioural difficulties associated with Behavioural and Psychological Symptoms of Dementia (BPSD), acquired brain injury, an intellectual disability or drug and alcohol problems.

There is immense pressure on Emergency Departments to treat and assess people experiencing a mental health crisis, are drug affected or are suffering from severe psychosis or delirium, as well as people in suicidal distress which may not be related to mental illness. The pressure on Emergency Departments is reflective of broader issues related to the availability of beds and in-patient facilities, as well as appropriate access to stepped-care mental health services in the community. It is important the Masterplan is forward-thinking and considerate of the changing demographics of the region. The RANZCP Tasmanian Branch is pleased with the announcement by the Australian Government in the 2019-20 budget to establish adult mental health centres which will provide mental health support services over extended operation hours. [2] The Branch hopes one of the centres will be available to members of the Northern Tasmanian regions.

The LGH should take a whole-of-service approach with community and outpatients co-located within the hospital grounds, ensuring people living with mental illness have access to a range of services to strengthen their community participation and improve their quality of life. [1] However the focus should not just be on the physical environment but also on workforce and mixture of skills and expertise within teams. Clinical outcomes would be improved for LGH patients if the Psychiatric Consultation-Liaison Service included more consultant and registrar resources. In addition to benefiting patient care, this would also enhance clinical training for medical and nursing staff.

There will also be greater need for appropriate supervision, approximately 1.8 FTE per 100 general hospital beds, for trainee psychiatrists. The Launceston General Hospital should also endeavour to embed clinical leadership within hospital administration.

### **Purpose-built units for people with severe mental illness and challenging behaviour**

There are significant difficulties in managing behaviour of disturbed, delirious or drug affected patients in Launceston General Hospital. The LGH requires dedicated units for people with severe mental illness and challenging behaviour. The current northside unit is no longer fit for purpose and should be replaced by appropriate therapeutic environments with the flexibility to deliver care depending on the mix of patients. Modern units are designed around safety and quality and provide a safe environment for staff and other patients.

Due to absence of appropriate services, these patients are frequently presenting to Emergency Departments (EDs) in acute crisis, psychosis or delirium to receive care. The flow on effects include bed access blocks while these patients are being kept for extended periods within EDs leading to frequent and unnecessary readmissions.

### *Needs of those with dementia*

Patients with dementia may experience disinhibition, delirium and increased agitation. Patients with severe symptoms are difficult to manage in a general medical ward and can pose a real physical threat to both patients and staff. Tasmania's ageing population base will have increasingly complex medical and psychiatric needs. These needs will need to be met by an appropriately skilled and resourced workforce. This includes fit-for-purpose medical units and wards.

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This unit would need to be staffed with an appropriate skill mix and competencies, headed by a joint psychiatric, consultation-liaison model and medical team. This unit would also need to provide an appropriate therapeutic environment which is sensitive to the needs of people with dementia. This could include simple measures to improve orientation and functioning like natural lighting, bulletin boards in rooms, exercise areas and personal safety zones. [3]

### *Drugs and alcohol*

Drug and alcohol use is a pervasive issue in communities supported and serviced by the Launceston General Hospital. An acute psychiatry service with a dedicated assessment and treatment facility is urgently needed for people with substance use disorders. It will need a multidisciplinary team framework, with allied health professionals and social workers working alongside psychiatrists and skilled nursing staff. This would help reduce the rate of unnecessary and expensive psychiatric hospital bed utilisation. In addition to this facility, the LGH should integrate services with well-resourced community mental health and drug programs co-located on hospital grounds. This will also assist in creating a culture which removes stigma and improves attitudes to patients with mental health issues.

### *Acute inpatient short-stay facility*

This facility would need to focus on rapid assessment of those presenting within certain diagnostic categories, i.e. suicidal distress, which includes not only ideation but suicidal actions as well and borderline personality disorder. The facility should be modelled on the Acute Medical Unit (AMU) already in existence at LGH and have a strict limit on duration of admission. These patients currently do not routinely get access to services that are best able to suit their needs, and this should be addressed as part of the reform of services.

Patients frequently present with suicidal ideation but only seldom require specialised psychiatric skills management. Therefore, these units can be appropriately staffed with a mix of nurses, doctors and allied health professionals. Clinicians who assess someone in suicidal distress need to have the training and skills to develop a safety plan that ensures a person is not likely to die by suicide once they leave care, regardless of whether they have a mental illness.

Borderline personality disorder services should have a dedicated facility with an evidence-based and comprehensive treatment availability, modelled on Australian best practice.

## **Specialised Care Units**

### *Eating disorders*

Approximately 4% of the Australian population is experiencing an eating disorder, a concerning statistic given eating disorders have the highest mortality rate of any psychiatric illness. [4] The RANZCP Tasmanian Branch recommends the establishment of a separate facility for eating disorders at LGH. The facility should be provided within a recovery-oriented practice framework and with multidisciplinary care to ensure that consumers get access to the combined medical, dietetic and psychological interventions required. [5] There should also be a continuum of care which links outpatient and day programs with inpatient treatment.

### *Mother and baby unit*

Depression related to childbearing occurs during pregnancy and after birth at a rate of around 13%, of those women some may also experience serious postpartum psychosis. [6] There are currently no

appropriate facilities within the Launceston General Hospital to provide care for this vulnerable demographic. The effects of perinatal mental illness can be devastating, and without adequate management, symptoms and associated impairment of functioning, can sometimes persist for years. It also has an immense impact upon the early development of relationships, parenting confidence and infant attachment. [6]

It is best clinical practice that mother and baby remain together during treatment, general adult psychiatric facilities are not an appropriate environment for infants. Therefore, the RANZCP Tasmanian Branch recommends investment in mother-baby units, as well as care for women during the antenatal period. Specialist perinatal community mental health services are also essential so mothers can receive treatment and care as an outpatient so hospitalisation may not be necessary.

### **Child and Adolescent Mental Health Services (CAMHS)**

A significant number of infants, children and adolescents experience some form of mental illness. [7] Childhood onset mental disorders are more frequently diagnosed in children who come to the attention of child protection services during early childhood, particularly in children placed in out-of-home care. [8] The development and implementation of early intervention and strategies for the prevention of mental illness in infants, children and adolescents is imperative to addressing these adverse outcomes and preventing or reducing mental disorders in adulthood. [9]

The RANZCP Tasmanian Branch strongly recommends the development of a dedicated outpatient Child and Adolescent Mental Health Service (CAMHS) led by psychiatrists, co-located with other age appropriate outpatient services within the LGH precinct, catering to the youth mental health services. This should provide specialist mental health assessment and therapeutic services which are patient-centred and utilise a bio-psychosocial and family-oriented framework. [10]

It is widely accepted that practices of collegial consultation and facilitation of service between medical specialities can achieve better outcomes. Such a unit would provide creation and maintenance of an essential need for change in the current model of care for children and adolescents, whilst reducing the unnecessary blocks in delivery of integrated services.

The unit should offer culturally safe services with the help of psychologists, mental health nurses and nurse practitioners, occupational therapists and social workers supported by appropriately skilled Clinical Support Officers. [10] The CAMHS would offer appropriate access and pathways for required treatment, as well as provide early intervention for young people and their families who are at risk of developing a severe and complex mental health issue.

The physical environment is pivotal and should offer an age appropriate atmosphere, including play areas, observation rooms and be conducive to recovery-oriented practices. We would also suggest the CAMHS offer the following services and community outreach:

- Specialist Forensic Youth Mental Health Services providing collaborative care approaches to bridge the gap in referrals.
- Creation and appropriate funding, in conjunction with the Department of Paediatrics and the Department of Education, of an in-hospital 'school' with access to a teacher for ongoing maintenance of schooling and education service.

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- Specialist clinicians to implement an Emerging Borderline Personality Disorder clinic in guidance with evidenced based practice.
- Offer regular education sessions to parents and legal guardians.
- Consultation-liaison in-reach to LGH.

The Tasmanian Branch also notes an increased number of requests to provide services and support to young people with a disability who would have previously been assessed by disability services and who are no longer eligible or are insufficiently supported by the current NDIS plan.

### **Dedicated Neurostimulation Unit**

There is currently restricted access to treatment for severely depressed psychiatric patients requiring ECT or TMS. Provisions for special psychiatric treatment are covered under Part 6 of the *Mental Health Act 2013* (TAS). Psychiatrists in the public system can refer patients with severe mental health conditions for ECT or TMS. Private psychiatrists and locum psychiatrists have no access to this treatment modality.

TMS has low medical and no anesthetic cost, and low-cost accommodation of treatment. The running costs are also low, as a trained nurse can deliver the medically prescribed treatment concurrently to several patients. People with mood disorders (occurring in the context of any diagnostic category) do not routinely get access to services that are best able to suit their needs, and this should be addressed as part of the reform of services (with advice from an appropriately credentialed psychiatrist). However, access to this is restricted in Tasmania with many patients accessing this potentially life-saving treatment interstate. This is an unacceptable outcome given that this group of patients are at extreme risk of illness or death by suicide, as well as the emotional and financial toll on patients and their family/caregivers. Recent research evidence is accumulating to support TMS as an effective treatment in other conditions including PTSD and OCD.

A dedicated neurostimulation facility would provide state-of-the-art, future-proofed care and deliver the expected standard and proven treatments for the most ill patients. This should be a priority of the Masterplan. There is already significant interest from local specialists as well as opportunity to attract skills and expertise from across Australia and internationally.

### **Mental Health Triage Service**

The RANZCP Tasmanian Branch also proposes integration of Launceston General Hospital services with a local mental health coordination centre. This Mental Health Triage would be overseen by a senior clinical team, answerable to the head of Mental Health. It would have access to clinical records and would integrate the intake, community treatment, crisis assessment team and Department of Emergency Medicine. This would ensure that patient flow and staff resources are utilised efficiently for optimal outcomes with a clear line of governance servicing the needs and clinical priorities of all mental health patients.

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### References

1. Position Statement 73: Mental Health for the community [Internet]. 2012 [cited 2 February 2020]. Available from: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-for-the-community>
2. Prioritising Mental Health: Adult Mental Health Services [Internet]. 2019. Available from: [https://www.health.gov.au/sites/default/files/prioritising-mental-health-adult-mental-health-centres\\_0.pdf](https://www.health.gov.au/sites/default/files/prioritising-mental-health-adult-mental-health-centres_0.pdf)
3. The Oakden Report [Internet]. 2017 [cited 14 February 2020]. Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/4ae57e8040d7d0d58d52af3ee9bece4b/Oakden+Report+Final+Email+Version.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4ae57e8040d7d0d58d52af3ee9bece4b-mN5zo0W>
4. Understanding Eating Disorders & Body Image Issues [Internet]. 2020 [cited 11 February 2020]. Available from: <https://thebutterflyfoundation.org.au/understand-eating-disorders/>
5. Eating disorders: Clinical practice guidelines and associated resources [Internet]. 2014 [cited 11 February 2020]. Available from: <https://www.ranzcp.org/practice-education/guidelines-and-resources-for-practice/eating-disorders-cpg-and-associated-resources>
6. Position Statement 57: Mothers, babies and psychiatric inpatient treatment [Internet]. 2015 [cited 11 February 2020]. Available from: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mothers-babies-and-psychiatric-inpatient-treatment>
7. Young Mind Matters [Internet]. 2017. Available from: <https://youngmindsmatter.telethonkids.org.au/our-research/>
8. Green M, Hindmarsh G, Kariuki M, Laurens K, Neil A, Katz I et al. Mental disorders in children known to child protection services during early childhood. *Medical Journal of Australia*. 2019;212(1):22-28.
9. Prevention and early intervention of mental illness in infants, children and adolescents: planning strategies for Australia and New Zealand [Internet]. 2020 [cited 2 February 2020]. Available from: <https://www.ranzcp.org/files/resources/reports/prevention-and-early-intervention-of-mental-illness.aspx>
10. South Australia Health. Child and Adolescent Mental Health Service: Model of Care [Internet]. Adelaide: Government of South Australia; 2016. Available from: [http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/documents/Model\\_of\\_Care\\_2017-APR.pdf](http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/documents/Model_of_Care_2017-APR.pdf)