The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Office of the Chief Psychiatrist of WA

People with severe mental illness and challenging behaviour – draft for discussion

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Improve the mental health of communities

309 La Trobe Street, Melbourne VIC 3000 Australia
T +61 3 9640 0646 F +61 3 9642 5652
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

RANZCP WA Branch submission

People with severe mental illness and challenging behaviour draft discussion paper

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 WA Branch has around 500 members including around 380 qualified psychiatrists and 120 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 RANZCP WA Branch welcomes the opportunity to contribute to the Office of the Chief Psychiatrist (OCP) of Western Australia's draft discussion paper *Targeted Review: People with severe mental illness and challenging behaviour (the Review).* The recommendations contained within this submission are based on consultation with the RANZCP WA Branch Committee; Faculty and Section leaders, and psychiatrists with direct experience working with people with severe mental illness (SMI) and challenging behaviour. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

The RANZCP WA Branch strongly supports the position of the Discussion Draft that a comprehensive, integrated mental health rehabilitation and recovery system is required for Western Australia,

The recent WA Auditor General's Report *Access to State-Managed Adult Mental Health Services* delivered an accurate picture of the impact of the fragmented mental health governance system in Western Australia. The sweeping reforms anticipated in the development of the Mental Health Act 2014 and the introduction of the *Better Choices: Better Lives: Mental Health Alcohol and other Drugs Services Plan 2015-2025* (the Plan) have not been realised. Instead, WA has the most expensive mental health services in Australia, the highest 28-day readmission rate and the longest Emergency Department (ED) average length of stay of any state (AIHW 2019). There has been a fundamental lack of systemic planning for implementation of integrated mental health service provision at an operational level and clarity of governance that is required to reform mental health services.

The lack of system cohesion directly impacts people with complex, severe disorders and challenging behaviour. This cohort and their carers face significant challenges in accessing services that can accommodate their unique recovery needs. Failure to develop services in the community means that consumers with SMI and challenging behaviour can be stuck in inappropriate and long hospital stays, revolving cycles of admission via EDs or enter the justice system. Despite this, new services such as the Step-Up Step-Down facilities which have been developed under the Plan have not been designed to accommodate the needs of people with severe mental illness and challenging behaviour. The ad hoc development of services that don't facilitate integrated pathways for this cohort are unlikely to result in improved outcomes at a system-wide level.

It is of concern to the RANZCP WA Branch that Western Australia is almost halfway through the Plan timeline, and yet the Auditor General's Office has been required to implement the analysis projects needed to quantify the number of people using services, and their patterns of service use.

The Auditor General found that by focusing on each discrete activity in the mental health system, rather than how people use services the Mental Health Commission (MHC), 'lacks some of the information needed to effectively quantify demand, prioritise investment and demonstrate its expected benefits'. Using data alongside the information the MHC collects on people's lived experience could better develop person-centred care at a system-wide level.

The RANZCP WA Branch is hopeful that the increased visibility of the patterns of service-use though quantitative data will result in greater accountability and develop a properly integrated service system for the Mental Health Commission and the Department of Health and Health Service Providers.

The Office of the Chief Psychiatrists' report is a welcome contribution to the development of a service system that is better oriented to meeting the needs of people with severe mental illness.

The RANZCP WA Branch agrees that this system should include:

- Comprehensive, integrated mental health rehabilitation and recovery services.
- Integrated treatment for serious mental illness and substance misuse.
- Services for people with intellectual disability and mental illness.
- Housing options for people who are currently 'falling through the gap'.

The RANZCP WA Branch would also recommend:

- Establishment of a state-wide baseline for Mental Health alcohol and other drug (AoD) services accessible to every Western Australian.
- Prioritisation of meeting the needs of people with SMI and challenging behaviour in service development.
- Planning to meet the changing needs of people with SMI and challenging behaviour as service system transitions to community-based services.
- Resolution of fragmented governance of Mental Health and AoD services.
- Ensuring bodies charged with system oversight, such as the OCP, have access to the relevant linked data and analytic capability to monitor systemic trends and performance issues.
- Complementing lived experience and service provider expertise with clinical expertise in system development.

In the following submission the RANZCP WA Branch has responded to each of the key findings and recommendations of the Review.

Need for comprehensive, integrated mental health rehabilitation and recovery system

Recommendation 1
Western Australia develop a comprehensive, integrated mental health rehabilitation and recovery service system to provide person-centred, evidence-based treatments and interventions (including inpatient, residential and community components) for people with severe and enduring mental illness and complex needs aimed at maximising the quality of life and social inclusion of each individual. This service system should comprise a range of clinical rehabilitation and recovery services provided by the public mental health system and psychosocial rehabilitation and support services provided by the NGO sector.

In Recommendation One, the OCP also makes note of the need for the following features:

- comprehensive system
- inpatient, residential and community components
- public mental health and NGO sector
- integration of care
- quality treatment and care.

The RANZCP WA Branch would like to highlight the need for a comprehensive system, with joined up, consistent and accessible community treatment services. These services should span across different

acuities, from crisis/mobile services to clinics to long term rehabilitation. As identified by the Discussion Paper, key components of evidence-based models are missing or have limited availability. The RANZCP WA Branch suggests that WA should have a clear statement of the mental health, alcohol and other drug services that every Western Australian can expect to have access to. Where the services are not available locally the pathway to accessing state-wide services, or alternative services should be clear.

The RANZCP WA Branch concurs that there is a clear gap in provision of rehabilitation services, that current provision is overly bed-based, waiting lists are too long and that equity of access is limited within the metropolitan area and inequity further increased for those outside the metropolitan area. Without the appropriate planning and investment in community services, there will continue to be expensive and ineffective over-reliance on ED and acute inpatient services.

The Victorian Model

The Victorian model of community-based services was, when initially developed, an influential and successful service system that influenced the development of notable service models globally. Despite having the lowest mental health spend per capita of any Australian state, the burden on the EDs in Victoria is lower than in Western Australia. Community based crisis and assessment teams are an important feature of this service system. However, the current Royal Commission into Victoria's Mental Health System a pertinent reminder that services, however initially well designed, require ongoing investment to sustain them as resource deficits at any level of a stepped care system have the potential to disrupt and destabilise the entire system.

Mental Health System Governance in Western Australia

The RANZCP WA Branch notes that governance problems in the Western Australian mental health sector perpetuate service gaps for people with complex needs. While the State's Better Choices: Better Lives Mental Health Alcohol and other Drugs Services Plan 2015-2025 (MHAoD Plan) has established a broad strategic vision, this hasn't translated into operational planning that is integrated, costed, funded and implementable. Within the current governance system, the accountabilities for outcomes for people with serious mental illness and challenging behaviour are not well defined.

Data linking and analysis

As the recent WA Office of the Auditor General Report *Access to State-Managed Adult Mental Health Services* highlighted, to date there has been limited linkage of data that would provide system-level insight into the experience of service users accessing care. While services do use outcomes measures and indicators to identify strengths or issues within the service or service sector, there has been limited capacity to evaluate whether the people using the MHAoD system are able to access appropriate care to meet their recovery goals over the longer term. The case studies noted by the report 'Helen's story', 'Mark's story' and the letter from a clinician (p13) indicate that there may be a need for better service level indicators of the extent to which people with serious mental illness and challenging behaviour are experiencing adverse outcomes.

The need for broader consultation

Sophisticated commissioning of integrated services is required to dismantle barriers to seamless patient journeys between the community support, community treatment and hospital-based treatment services. In developing service models for people with severe mental illness and challenging behaviour it is critical that people with relevant lived experience and front-line clinicians are consulted to help inform the development of intake criteria that are realistic regarding the needs of the cohort. People with severe mental illness and challenging behaviour will not be able to benefit from increased investment in community services unless the services are able to safely support them. Any interagency models need to be supported by clear governance and dispute resolution protocols with a point of co-ordination to ensure care is not fragmented. This would include the necessary data collection, linkage and analysis to monitor, evaluate and balance service provision between the service sectors.

An integrated model

The RANZCP notes that integrated care models require specific strategies to address their vulnerability to disruption via asynchronous review and reform cycles operating through the varied sectors and jurisdictions involved in the care pathways. Even where services of varying acuity/service settings are provided by a single provider – for example within the Health Service Providers – operational silos may disrupt continuity of care and explicit strategies are required to ensure continuity of care. It has been the experience of our members that integrated models take a long time to establish and are frequent casualties of the regular system restructures that take place within the state's health system.

Mental health services within HSPs are vulnerable to being restructured in ways that reflect more bio-medical models of physical health (for example prioritising hospital over community-based care, episodic treatment, shifting away from multidisciplinary mental health teams) rather than the integrated recovery and bio-psycho-social models of mental health. Consequently, although some progress was made towards integrating inpatient and community mental health treatment services within the public sector, organisational restructures following the establishment of Health Service Providers reversed progress in this area.

The nature of care

While the WA Branch agrees that for many people with severe mental illness it appears that 'provision of care in WA has become overly short term, episodic and crisis driven' it is also important to recognise that individual consumers have varying views on the desirability of increasing their level of contact with mental health services. As one RANZCP WA Branch member explained, considering the length of any intervention as an isolated indicator of quality is problematic;

> '*Maybe it's the wrong type of care, rather than being "too short"- for example perhaps the lack of assertive community treatment is a factor, so that the gap between CMHTs and hospitals is too wide. We also know that many consumers don't want long term care from clinical services, and that even 'good' clinical care is not necessarily experienced as benign by those in receipt of it, and so while moving the pendulum back to some extent may be welcome, moves towards more authoritarian and institutional treatment are a potential negative effect.*'

The high level of reliance on crisis and emergency services by people with severe mental illness, and the high readmission rates in WA are broad indicators that people cannot access services appropriate to their needs in the community. Consumers in all catchments should have access to community mental services that support their rehabilitation and recovery in ways that are meaningful to them as well as services that are able to respond early and with evidence-based treatment models. Rather than a simple increase in the quantity of care, the focus should be on accessibility and enabling continuity of care – ensuring that re-engaging with services or increasing levels of support are steps that are straightforward, trusted and effective for consumers and carers. Additionally, consumers and carers should have access to supported decision making to enable them to properly exercise their preferences in treatment and/or support.

Access to the right support

The work undertaken by the Office of the Chief Psychiatrist in this discussion paper to identify the kinds of community mental health teams and models employed in different HSP catchments is welcome contribution to the picture of the services in WA. RANZCP WA Branch members who have practised internationally and in other Australian state report that in addition to missing key components of community services, the inconsistency in the models between catchments exacerbates the challenge of providing integrated care. It would be helpful to expand the work of existing services to identify the extent to which Western Australians living with severe mental illness are able to access age-appropriate integrated treatment services in their community.

Addressing the gap for young people between CAHS and adult services has been frequently identified as a priority, and this needs to be acted upon. Supporting young people with early intervention in emerging disorders and assistance with maintaining engagement with education, employment and community has the potential to reduce the impact of mental illness in the longer term. Services for young people in contact with, or in, corrective services are particularly under-resourced.

Clinical leadership and mental health teams

The RANZCP WA Branch strongly supports the need for skilled multidisciplinary teams with expertise in mental health. The development of effective therapeutic relationships to support engagement and meaningful outcomes for people needs to be valued and supported by services. Training, professional development, supervision, peer support, good work design and adequate resources can all contribute positively to staff well-being and performance. Support for clinical leadership, in developing clinical leaders and support for the role of clinical leaders in staff and service development

The RANZCP WA Branch recognises the value of peer workers in multidisciplinary teams. Where models have been thoughtfully developed, the RANZCP WA branch members have reported on the value of skills and expertise of peer workers. However, members have reported poor outcomes for consumers, peer workers and other staff where peer work models have been poorly implemented or resourced.

Integrating treatment for serious mental illness and substance misuse

Recommendation 2

In establishing the rehabilitation and recovery service system, there will need to be investment in building and maintaining the appropriate staff skills mix to enable the provision of integrated mental health and substance use treatment.

RANZCP WA Branch would also suggest:

- Increasing the availability of treatment services for harmful AoD use, including early intervention.
- Co-location of mental health and AoD services, and an increased focus on improving AoD interventions in EDs.
- Ensuring people with severe mental illness and/or harmful AoD use have equitable access to physical health services.
- Ensuring general health services have access to consultation-liaison psychiatry services to facilitate equitable access for people with severe mental illness and/or harmful AoD use.
- The development of sub-specialist positions and training places in the public sector in Addiction Psychiatry.
- Addressing the loss of significant research expertise in illicit drugs and psychosis in WA and planning for better support for research in the future.

Services for people with intellectual disability and mental illness

Recommendation 3
A Statewide Specialist Dual Diagnosis Service needs to be established to meet the needs of people with co-occurring mental illness and complex intellectual, cognitive or developmental disability.

The RANZCP WA Branch strongly supports this recommendation, with the caveat that current models for state-wide services require improvement if they are to provide genuine equity of access across the state. The model of governance and the purpose of state-wide services needs to be clarified to enable equitable access to service users outside of the HSP catchment area where the services are administratively based.

Specialist services should be developed to provide leadership across the sector, ensuring general mental health services are better equipped to meet the needs of people with intellectual, cognitive or developmental disability.

RANZCP WA members have reported there is a significant gap in services for people with co-occurring complex intellectual, cognitive or developmental disability. A formal state-wide review of the needs gap should be undertaken to assist in the development of an appropriate state-wide model.

The RANZCP WA Branch also notes that there is a significant training gap in psychiatry regarding the provision of services for people with intellectual, cognitive or developmental disability. The establishment of specialist services allows for the development of training places to increase local expertise more broadly.

The RANZCP WA Branch recommends support for clinical leadership, in developing clinical leaders and support for the role of clinical leaders in staff and service development.

Housing options for people who are currently 'falling through the gap'

Recommendation 4
A range of supported housing options specifically tailored to the needs of people with severe and enduring mental illness, complex needs and challenging behaviours who are currently 'falling through the gap' needs to be developed.

The RANZCP WA Branch supports this recommendation.

Our members have advised that they have found that consumers are often unable to access supported accommodation as the services are not genuinely structured to meet the needs of people with severe mental illness and challenging behaviour. This leads to frustration when consumers become stuck in inpatient services that are not designed to meet their needs and beds are blocked for people requiring acute care.

In response to the Mental Health Commission's draft WA MHAOD Accommodation and Support strategy, the RANZCP WA Branch suggested an accommodation service would need to have the following features:

- Consumers, carers, service providers and the clinical workforce involved in development of service model from the outset.
- Clinically informed leadership with capacity and authority to make clinically appropriate decisions in a timely and transparent manner.
- Clear links with clinical services to enable patient flow.
- Established inter-departmental protocols for identification and assessment of the relevant cohort, prioritising severe and enduring mental illness or AOD issues, chronic challenging behaviours, complex co-morbidities and un-met need.
- Clear mandate for the development and maintenance of agreed shared pathways between multiple services at operational as well as strategic level complemented by robust governance and dispute resolution protocols.
- Multidisciplinary specialist support.
- Capacity to plan for and accommodate long-term, non-linear support appropriate to acuity and life stage.
- Ability to transfer accommodation between program streams to maintain stable accommodation where possible, with flexibility and resources to support transition to less supported accommodation where appropriate.

- Protocols to ensure the contribution to care and the needs of carers are systematically considered and supported, acknowledging that that these may change over time.
- Safe working conditions for all embedded as a fundamental principle in the provision of mental health services.

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