Submission to the National Mental Health Services Review

Third Submission

September 2014

WAAMH

Western Australian Association for Mental Health

Peak body representing the community-managed mental health sector in Western Australia

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Background

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing the community managed mental health sector in WA. With more than 150 organisational and individual members, our vision is to lead the way in supporting and promoting the human rights of people with mental illness and their families and carers, through the provision of inclusive, well-governed community-based services focused on recovery. WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at http://www.waamh.org.au

To inform this submission, WAAMH developed a survey for our members to which 16 responses were received. The survey tested whether the key themes identified by Mental Health Australia (MHA) in their third submission to the National Mental Health Services Review (the Review)[1] were a priority in the WA context. WAAMH's submission also articulates matters raised by telephone and meeting consultations with an additional three members, as well as the priority issues WAAMH is cognisant of through our extensive, ongoing contact with the community managed mental health (CMMH) sector in Western Australia.

Key themes

Service gaps and foci

Service gaps was the top priority issue identified by WAAMH members in our previous submissions. In this and previous consultations, the predominant emphasis was on the need to shift investment away from acute care towards comprehensive and long term promotion, prevention & early intervention. It was noted that this must include early diagnosis and supports for people who may be at risk of developing mental illness. Post discharge assertive supports, which prevent reescalation and suicide are also underinvested. As would be expected, personal recovery orientation (rather than clinical recovery), self-directed and community based supports were consistently raised. Consumers of Mental Health WA (CoMHWA) articulated the need to increase investment in consumer operated services. Clear and collaborative pathways within all service types need to be established and agreed.

Many of these needs are reflected in the 10 Year Plan for Mental Health Services in WA, which has been developed and is currently with Cabinet. The National Mental Health Service Planning Framework (NMHSPF) would assist in identifying levels of needs and the appropriate investments. Releasing the NMHSPF and working with stakeholders to resource and implement it was unanimously supported by WAAMH members.

[1] Mental Health Council of Australia, June 2014, Submission to the National Mental Health Commission's Review of Existing Mental Health Programs and Services http://mhaustralia.org/submission/mhca-submission-nmhcs-review-existing-mental-health-programmes-and-services

A key concern of the CMMH sector in WA is the impact that the National Disability Insurance Scheme (NDIS) may have on mental health service systems. Coordinated care, secure accommodation and support services focused on recovery are still a long way from the optimum for people with psychosocial disability and their carers. There is deep concern about the roll-in to the scheme of Commonwealth mental health funding. There is a risk that consumers and carers currently supported by these Commonwealth programs will lose them if they are not eligible for the NDIS. A reduction in the supports available to people and carers not eligible for Tier 3 is extremely problematic, and could undermine the viability and sustainability of Tier 3.

There is a need to build, strengthen and retain a CMMH sector that delivers both NDIS Tier 3 services, those described as Tier 2 supports, and non-NDIS services. Adult community services, suicide prevention, youth and other services with fewer eligibility restrictions, and which fill the gap between NDIS psychosocial supports and the acute and crisis care provided by the public community health system, are critically needed.

In addition to the specific service gaps issues articulated in our previous submissions (see appendix), two providers articulated the urgent need to address the unmet support needs of children of parents with mental illness. While there are pockets of quality services, there is a need for additional family and child focused services, integration into adult mental health services and other sectors, articulation of practice principles and national leadership in this area.

Recommendations:

- Release the latest version of the NMHSPF and work with stakeholders to support its ongoing development and implementation
- With reference to the NMHSPF, increase investment in NGO services to 30%, linked to outcomes around collaboration and integration, recovery and a contributing life
- Work with the National Disability Insurance Agency (NDIA) to map the impact of NDIS funding arrangements on current and future services recipients' access to services to identify major service gaps and issues likely to arise through the transition to full roll-out of the NDIS
- Work with NDIA to articulate the need for, intent and scope of Tier 2 supports for people with psychosocial disability and carers, and recommend appropriate funding arrangements for these supports
- Highlight the needs of children of parents with mental illness, establish a national framework and outcomes, and identify avenues for effective leadership and implementation.

The role of primary care

Enhancing the role of primary care was a key focus of our members' input to the Review with a view to enhancing access, normalising mental health responses and providing early intervention. WAAMH is deeply concerned that access issues would worsen should the Commonwealth introduce any GP co-payment.

Specific suggestions were to:

- Enhance the role of GPs to conduct needs assessment, work collaboratively with other agencies and service systems, coordinate step-up and step-down care and provide case management. Link funding for this role to physical health, mental health and whole of life outcomes
- Enhance the role of GPs to identify and respond to the needs of children and young people of parents with mental illness
- Increase the role of GPs with inpatients and involuntary patients through consistent referral to GPs and supported access to enable identification, monitoring and early intervention. It was argued that this should be one of the first priorities on admission with the goal of continued access post discharge.

To ensure people in acute mental health facilities have access to physical health care, a pilot GP service is being developed at Graylands Hospital by Perth Central and East Metro Medicare Local and the North Metro Mental Health Service. GPs will provide patient-centred care that addresses health needs and promotes wellness, including collaboration with outside agencies to ensure a holistic approach is achieved and the patient's identified needs are met. Consumers will be able to continue to access GP services upon discharge from hospital because of a community clinic that will be established and run in conjunction with the inpatient service.

A Contributing Life

The concept of a contributing life is strongly endorsed by the CMMH sector. WAAMH anticipates that the development of outcomes and incentives based on this concept would support the continued broadening of mental health services beyond a narrow focus on symptoms.

WAAMH members identified the following priorities to improve the physical health of people with mental health issues:

- Provide information about dual physical and mental health needs, both within and outside the mental health system
- Address stigma amongst primary care providers, to improve attention to needs other than mental health
- Develop training, tools and resources for GPs. E.g. an online health pathways program would support GPs to better manage the mental health of their patients and provide them with information on what physical health issues might need to be addressed with their patient
- Develop, maintain and enhance connection to GPs for all inpatients, including involuntary patients, and improve continuity of care between in and outpatient services. Include engagement of the patient's doctor, including private psychiatrists, and enable their GP to visit them when in psychiatric hospital as inpatients
- Improve access to nutrition and exercise programs and supports for inpatients

- Improve shared care and referral arrangements within and between primary care, CMMH services, public mental health clinics, dental services and other service systems
- Enhance consumer driven approaches to health care
- Provide additional resources to regional areas.

WAAMH members express the lack of suitable and secure housing as one of the most critical issues in WA and report that finding suitable supported accommodation is extremely difficult. Problems with the extent of supports provided to residents of psychiatric hostels, and subsequent exclusion from other supports, was raised by one service provider in WA. This provider recommended comprehensive examination and reassessment of hostels and other housing options.

WAAMH supports MHA's proposal for a continued and strengthened role for the Australian Government in taking action to reduce homelessness, including for people with mental illness who fall through the gaps in existing service systems.

Respondents to WAAMH's survey wish to see recovery through employment as a routine part of mental health services, through national roll-out of the Individual Placement and Support (IPS) program. More detail about the recommended approach is available in WAAMH's 'Fourth Submission: Individual Placement and Support'[2].

One survey respondent articulated the need to address the lack of jobs in rural areas and to support transition from school to employment. Flexible working and peer support were also noted as important in supporting people into employment, as was building linkages between the NDIS and disability employment supports. Several survey respondents spoke of the impact of stigma and the importance of addressing employer attitudes to create opportunities for people with mental health issues, and educating employers and colleagues to enable an understanding and supportive work environment.

Recommendations:

- Explore and recommend effective ways in which primary care can be better integrated with mental health services to improve physical health outcomes for people with mental illness
- The Australian Government work with State governments to guarantee that a proportion of transferred housing stock be secured for people with mental illness, and to provide adequate support for them to maintain their tenancy[3].
- That the review recommends Commonwealth investment in the establishment and sustainability of IPS Development Units across the country to ensure an integrated, coherent and consistent approach to implementation, service provision and evaluation.

[2] http://waamh.org.au/systemic-advocacy/national-mental-health-services-review.aspx?catID=23
[3] As recommended by MHA, June 2014, Submission to the National Mental Health Commission's Review of Existing Mental Health Programs and Services http://mhaustralia.org/submission/mhca-submission-nmhcs-review-existing-mental-health-programmes-and-services

Commonwealth/State Arrangements

Another structural foundation for reform, which MHA identified in its June submission to the Review, is clarifying Commonwealth and State/Territory arrangements, noting that some of the barriers associated with the Commonwealth/State divide are unique to mental health. WAAMH supports MHA's recommendation that there be a close review of the appropriate split of the roles, responsibilities and relationships between Commonwealth and State/Territory governments in relation to mental health and more broadly.

WAAMH members further articulated an essential role for the Commonwealth government in providing leadership in critical areas of mental health, such as the setting of outcomes, targets and indicators, recovery and co-production. These matters are addressed elsewhere in this paper.

Funding arrangements

Funding arrangements for mental health services were identified by CMMH organisations as the third most important matter for reform in our second submission, particularly with regard to narrow service descriptions and a need for greater flexibility. Our first submission highlighted the administrative complexity and red tape for CMMH organisations with both State and Federal funding.

WAAMH members have also described problems with funding application processes, arguing for the need to increase the time available to submit funding applications to enable smaller organisations to develop quality applications. The sector's concern about how to maintain the viability of smaller and 'niche' organisations has been raised in WA as a key strategy to grow innovation and consumer choice in the context of the NDIS, but is equally relevant to this Review.

Allowing greater time and addressing competitive funding arrangements could also enable partnership arrangements to be established, which would assist in overcoming barriers to integration.

WAAMH members emphasised that insufficient flexibility in program definitions can restrict program access to those most in need; this has in some cases contributed to deepening service gaps. Services identified the need for funding arrangements that allow and encourage providers to inform development of the service model, tailor the service, targets and measures to local needs, and develop local solutions with communities whilst meeting agreed outcomes. This was considered particularly important in rural and remote WA. Genuine partnership between governments and funded agencies, rather than top down centrally determined approaches to service development, contracting and monitoring, would support achievement of value for money and outcomes.

Accessing the right support and improving integration

WAAMH supports MHA's recommendations about how to match consumer and carer needs to the right assistance[4] through improving coordination and integration between different service systems. Our members agreed this is a top priority for reform.

MHA identified appropriate triaging and clear pathways through and between various clinical and other supports as the greatest challenge of the reform process. Some suggestions of practical ways to improve access to the right supports, integration and triage from WAAMH members include:

- Introduce peer rating and recovery accreditation for mental health services[5]
- Develop navigation aids, identified by CoMHWA as 'services, tools and supports that assist people to self-initiate help seeking and find the right support to enable their recovery'[6]
- Enhance the use of advance health directives so that decisions made during wellness are accepted during triage
- Continue to enhance involvement of carers and family members in planning, with movement towards co-production
- Continue funding programs such as Partners in Recovery, with additional funding for those regions that do not have the program
- Prevent gatekeeping through implementation of a 'no wrong door' approach
- Require mental health outcomes, targets and indicators for other service systems, such as housing, employment, disability, and criminal justice
- Stigma reduction and recovery training for other service systems
- Include collaborative working and service integration outcomes as a funding requirement for not for profits and a funded activity for government programs
- Address the competitive funding arrangements for community sector providers which inhibit collaboration
- Enhance the role of GPs in collaborative care
- Enhance the role of GPs in improving physical health outcomes for mental health consumers.

One organisation recommended funding to develop local initiatives of the trust concept of the WiseGroup. The WiseGroup is a family of mental health services working together to a common dream, which allows for the development of services individuality and speciality, fosters partnerships and provides support services to organisations[7]. Another specific initiative recommended was to enhance the Mental Health Nurse Incentive Programme to provide an early intervention recovery model.

[4] Mental Health Australia, June 2014, 'Submission to the National Mental Health Commission's Review of Existing Mental Health programs and Services http://mhaustralia.org/submission/mhca-submission-nmhcs-review-existing-mental-health-programmes-and-services
[5] http://www.comhwa.org.au/wp-content/uploads/2013/02/CoMHWA-NatReviewMHS.pdf
[6] http://www.comhwa.org.au/wp-content/uploads/2013/02/CoMHWA-NatReviewMHS.pdf
[7] http://www.wisegroup.co.nz/

There needs to be improved shared care between all areas of the clinical and non clinical systems. Sharing clinical care more effectively between GPs and non-acute clinics will ensure people have their ongoing clinical needs met in the most effective, most normalised way. The development of crisis management plans, which involve carers, consumers, clinical and non-clinical services, will help to ensure people with mental illness and those supporting them are aware of the signs a person may be becoming unwell or experiencing increased levels of distress. Such plans can identify what options should be accessed to support a person if a crisis is to be averted.

Outcomes, Targets and Indicators

WAAMH strongly supports an outcomes focus for community and government mental health services; this continues to be a recurrent theme raised by the sector in our dealings with them. The West Australian 'Delivering Community Services in Partnership Policy' aims to achieve better outcomes through genuine partnership between government and the community sector, and promoting flexibility, innovation and responsiveness to local need and reducing red tape. It is mandatory for all WA government agencies to apply the policy. Its outcomes approach to funding and contracting has supported the shift away from outputs, and could be examined by the Review as one of the strategies for achieving an outcomes focus with funded providers and service purchasers.

MHA suggests reporting on mental health targets and indicators could be vastly improved by coordinating around a consistent set of high-level policy objectives, articulated through a consistent and nationally endorsed, effectively resourced, framework of mental health targets and indicators. There was broad support from WAAMH members for such a national framework. Some members added that there is a need to ensure complementary locally and culturally relevant indicators and targets.

MHA recommended that measures of, and meaningful targets towards, the following are of particular importance:

- The size and distribution of the peer workforce
- Consumer and carer satisfaction with services
- The physical health of people with mental illness, especially serious and persistent mental illness
- Unstable housing and homelessness, especially with reference to people with mental illness in hospital
- Social and economic participation
- Rates of mental illness and service access among high risk groups
- Rates of suicide and self-harm.

When reflecting on these in a WA context, WAAMH members added:

- Recovery and a contributing life
- Consumer and carer participation and co-production
- Early intervention

- The needs of children of parents with mental illness
- Workforce recovery practices
- Community wide mental health understanding and awareness
- Measures of stigma
- Governance
- Standards of care, including the rights and safety of involuntary inpatients
- Legislative consistency.

Incentives

WAAMH supports MHA's recommendation for a close analysis of the funding and other incentives that affect pathways of care and the delivery and operation of services, including:

- Grant arrangements, procurements processes and contracting requirements
- Incentives and barriers to provision of different types of services
- The market role of various public, private and non-government sectors and stakeholders with reference to increasing the contestability of funding, providing longer term funding certainty to maximise return on investment and harnessing the benefits of collaboration and partnership.

Many of the ideas raised by the CMMH sector in WA can be translated into practical incentives to improve outcomes for people with mental health issues. Some ideas worthy of further exploration include:

- Incentivise collaboration and integration, and a recovery and contributing life focus through funding arrangements for mental health services
- Allow a proportion of Commonwealth funding to be used to address locally identified needs
- Encourage or require a proportion of program funding to be used for individualised budgets[8]
- Review, with a view to increasing, the payment and funding rates for providing services in rural, regional and remote locations
- Fund GPs for collaboration and service integration activities
- Incentivise engagement in whole of life partnerships. Individual Placement and Support is one program where mental health providers and Disability Employment Services could be incentivised both to engage and to achieve longer term employment outcomes.

Information systems and data sets

MHA's June submission to the Review argued that efficiency of reporting would be vastly improved by compatibility of information systems and data sets used by service providers in private, public and non-government sectors.

[8] Ruah Community Services in WA recently committed to allocating 30% of mental health block funding to individual budgets until 2017.

The majority of respondents to WAAMH's survey agreed with this, with some arguing improving compatibility of information systems would have a positive impact on service delivery and improved outcomes for consumers. Again, the local needs issue was raised, with members suggesting a need for processes that capture differences between organisations and local data about local needs, as well as nationally relevant data.

Peer workforce, lived experience and sector capacity

WAAMH supports the MHA recommendation that the Australian Government work with consumers and carers, agencies across governments, professional groups and non-government organisations to develop and fund a national peer workforce strategy. This was recommended as a matter of urgency by WAAMH members, with one specifically recommending growth in the peer workforce. One member added there is a need to include specific strategies for youth peer workers and another articulated the need for local peer work capacity building. The role of the Commonwealth was strongly endorsed in terms of leadership in both this area and lived experience participation more broadly.

WAAMH supports the recommendation of CoMHWA in its submission to the Review[9] that consumer and carer peak organisations are adequately funded and supported to enable representation of lived experience and coordinate with other state/territory and national counterparts.

MHA has outlined priorities for sector capacity building that would be required to achieve short and long term reforms. These include:

- Constructive communication and collaboration with stakeholders affected by policy reforms – including service providers, and consumers and carers
- Support for the sectors and stakeholders affected by change, by building capacity to contribute, respond and adapt to policy reforms
- Encouraging collaborative practice to deliver better whole-of-life outcomes in increasingly competitive markets
- Information management, data design and collection regarding outcomes measurement
- Utilising and designing mechanisms for culture change.

WAAMH members agreed with these capacity building priorities. WAAMH further submits there is a need to ensure these concepts are translated into practical capacity building efforts at the local level.

A collective impact approach, where agencies use different organisational objectives and approaches to work towards a common vision is one model for potential to achieve collaborative practice in competitive markets. This could include establishing locally agreed indicators, outcomes measures, and shared data management and collection systems, and moving to mutually reinforcing activities within a network of services.

[9] http://www.comhwa.org.au/wp-content/uploads/2013/02/CoMHWA-NatReviewMHS.pdf

Professional development is needed for staff and boards in the areas of business planning, strategic development, culture change, co-production and moving from competitive funding to marketing services.

Recommendations:

- Incentivise the employment of peer workers, through for example, requiring a specific proportion of community and government MH funding, or providing value add funding, for employment of peer workers and investment in the organisational capacity building and culture change required to support the achievement of outcomes through peer working
- Create strong national leadership on lived experience participation and co-production
- Ensure adequate funding and support to enable consumer and carer representation
- Review and recommend capacity building arrangements to support the mental health sector to translate mental health reforms into improved service delivery.

Appendix

Previous Submissions

WAAMH completed a response to the Review survey online. The submission advocated for:

- The retention of Commonwealth mental health programs rather than partial or full roll-in to the NDIS, and the development of Tier 2 services
- The roll out of the Individual Placement and Support (IPS) program across Australia, including the funding and establishment of IPS development, training and support units
- Increasing the proportion of funding to the community sector for innovative recovery and early intervention services
- More community services for people with more complex needs, which integrate with other service systems
- More services in rural and remote areas
- Evidence based funding and design of community mental health services
- The need to move to an outcomes framework for community mental health service delivery
- A more integrated approach to workforce development.

The submission highlighted the following as promising or effective initiatives:

- Looking Forward Aboriginal Mental Health Project
- IPS
- The involvement of consumers and carers as peer workers.

The submission also identified:

- The need for improved links between private and community mental health services
- Administrative complexity in reporting requirements and program management.

Issues raised in the second submission

A second submission was informed by a brief survey to members, to which ten responses were received. The content of the second submission reflected the issues raised by WAAMH members. It identified:

- the top three priorities for reform as being: service gaps; the role of factors such as employment, accommodation and social connectedness relevant to people's experience of living a contributing life; and funding arrangements for mental health services
- the need for more flexible funding to enable tailoring of programs to local needs, provision of a broader range of supports to people with more complex needs, and more flexibility in staffing
- effective approaches are those which are individualised, integrated with other services and supports, and community based. The need for input of people with lived experience into program development, and the involvement of peer workers, was highlighted

- Service gaps and unmet need were a key theme. Gaps highlighted included condition specific supports (including Borderline Personality Disorder and eating disorders); whole of life (including accommodation, employment, housing and perinatal); and a need for more recovery oriented and early intervention supports. Many responses highlighted the need for increased community sector provision particularly in rural and remote areas
- A need for gender informed and trauma responsive mental health services
- A need for national leadership on co-production.