

Mental Health Services



⇒ **Strategic plan** 2006 - 2011

partners...towards recovery



Tasmania

DEPARTMENT of
HEALTH and HUMAN SERVICES

www.dhhs.tas.gov.au

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Foreword

2004 was a watershed year for Mental Health Services in Tasmania. Three major reviews – Bridging the Gap; the Thin Ice Report from Anglicare and the Health Complaints Commission review of Ward 1E - were amongst a number of reviews that made recommendations about the delivery of services to Tasmanians who experience mental illness and disorders.

As a result of those reviews, the Tasmanian Government committed \$47 million over four years to improving mental health services. This is the largest ever funding increase in the 170 year history of Tasmania's mental health service, and it will take Tasmania to a new threshold of service from colonial era institutions to contemporary community based services delivering world class care.

Mental illness and disorders do not discriminate. They impact on all members of the community either directly or indirectly. Research informs us that serious mental illnesses effects approximately 3% of the Tasmanian population everyday and another 17% will experience a mental health problem over the next 12 months. Addressing this prevalence and associated burden to both the individual and the community is a government priority. This strategic plan and significant growth in funding demonstrates our commitment.

The package of reforms that this strategic plan focuses on will see an expansion of services, particularly through partnerships. These partnerships are amplified through the engagement of the non government sector to work within mental health services to provide earlier access to more effective treatment for more Tasmanians, no matter where they live in this State.

The challenge for Mental Health Services is to progress and develop links and partnerships with the breadth of the community sector as it implements this strategic plan, so that consumers benefit from the available resources and the return on investment is maximised for the Tasmanian community. Ultimately, this means partnerships with a wide range of sectors such as housing, education, welfare, justice and employment, to assist with the recovery of those experiencing mental health problems and mental illness.

I have confidence in the staff and management of Mental Health Services and their capacity to work together to build on the foundations outlined in this strategic plan so that all Tasmanians benefit from the historic reforms that will result from the implementation of this strategic plan.



Hon David Llewellyn, MHA
Deputy Premier

Introduction

In introducing this plan I would like to pay tribute to the many people who have made contributions to its development including the government and political parties, the Department of Health and Human Services, staff and management of Mental Health Services, consumers, carers and the broader community and those people who are external to Mental Health Service, but committed to assisting MHS develop and implement the best possible service to consumers in Tasmania.

The reform of mental health services outlined in this strategic plan rely fundamentally on partnerships and the participation of the broader community. Its success depends on MHS and its staff listening to consumers, their families and carers, and our other partners, and working closely with them to build a service framework that we are all confident in, and which delivers the necessary services to all Tasmanians.

A central component of our plan for the future is a model of care for mental health that is centred on consumers, promotes their recovery, and is provided equitably and efficiently. We have built our model of care on best practice based on evidence, using the full range of experience and expertise within our own organisation, and across Australia and the world.

Any change process requires the careful integration of service delivery, staff skills, physical resources, and operating systems. These elements have been built into the plan so that an overarching and self sustaining reform is achieved throughout the service. There are goals for improving the skills of our workforce, the quality and safety of our services, and the governance and leadership framework of the organisation.

This is a unique opportunity for significant reform in Tasmania, giving rise to the real prospect that the Tasmanian mental health system will become a leader in service delivery in Australia. I look forward to working closely with staff and team leaders, consumers and carers, and our partners – existing and new – to realise these goals over the next five years.

In putting this plan in place I commit Mental Health Services to providing annual reports on progress to achieve our indicators of success. In order to do this a great deal of thought has been placed on clearly establishing what we want to achieve over the next five years. Our vision – partners ... towards recovery – encapsulates these goals and I look forward to working with you all to make this vision a reality.



Associate Professor Des Graham
State Manager

Summary of the Strategic Plan

Mission

The mission of the Tasmanian Mental Health Services is:
Working together to improve mental health for all Tasmanians

Vision

Our vision for 2011 is:
partners ... towards recovery

Service Principles

The following principles form the foundation of all services provided by and through MHS. Over the next five years MHS will implement and be held accountable for the implementation of these service principles. All our services will align with them, ensuring a high standard of treatment, care and information regardless of which component of mental health services is accessed.

- Single point accountability
- Customer focused
- Partnerships
- Comprehensive service
- Integrated and standardised
- Mainstreamed
- Least restrictive
- Evidence based practice and outcome measures
- Population based planning and service delivery
- Early intervention and assertive case management
- Skilled and supported multidisciplinary workforce

Strategic Priorities 2006 - 2011

In developing this plan for the next five years, six priority areas for action have been identified:

1. Model of Care
2. Participation & Partnerships
3. Governance & Leadership
4. Workforce Development
5. Quality & Safety
6. Sustainable Resources

High level success measures and potential risks have been identified for each area and are detailed later in this Plan. Major strategies have been developed to achieve success measures and reduce potential risks.

Outcomes

MHS will be regularly monitoring progress towards four outcomes which collectively will enable us to achieve our vision:

1. Improved health outcomes
2. Increased participation
3. Improved governance and leadership
4. Effective and efficient management of resources

A number of important indicators of progress towards our desired outcomes for 2011 have been identified, with reference to the range of success measures outlined in the following pages. These will be monitored and reported on regularly.

Summary of the Strategic Plan

Goals	Major Strategies	Outcomes & Specific Indicators ¹
<p>A Tasmanian model of care for mental health that is centred on consumers, promotes their recovery, and is provided equitably and efficiently</p>	<ol style="list-style-type: none"> 1. Build a comprehensive model of care that recognises the unique characteristics and challenges of Tasmania and is based on population data, research and evidence where available. 2. Involve consumers, carers, partners and others in the development of the model 3. Implement an informed and detailed Transition Plan that aligns services to the model of care 	<p>Improved health outcomes</p> <ol style="list-style-type: none"> 1. Standard evidence-based model of care throughout service 2. Improvements in outcome measures for specific conditions
<p>Staff of mental health services are working effectively with consumers, carers and partners</p>	<ol style="list-style-type: none"> 1. Cost and implement the Consumer and Carer Participation Framework 2. Build strong foundations for establishing, maintaining and sustaining partnerships 3. Establish monitoring and review processes for formal partnerships 4. Include consultation and participation strategies in all major service activities and projects 	<p>Increased participation</p> <ol style="list-style-type: none"> 1. Engagement of 3.0% of the community with significant mental illness (currently 0.9%) 2. All consumers have individual plans developed collaboratively with them 3. Carers are satisfied with their involvement in care and support of consumer 4. Partners are satisfied with their relationship with MHS 5. Number of joint and collaborative ventures
<p>Sound governance and effective leadership throughout MHS, so that the efforts of all staff are focused on recovery and the promotion of mental health</p>	<ol style="list-style-type: none"> 1. Develop a governance structure that takes account of both administrative and clinical systems and processes that support the model of care 2. Develop the capacity for accountable governance, leadership and teamwork within the senior management team 3. Build a professional and clinical supervision framework 4. Implement a human resource performance management system 5. Provide training and mentoring opportunities 	<p>Improved governance and leadership</p> <ol style="list-style-type: none"> 1. Organisational systems and processes in place and working well 2. Increasingly skilled workforce in line with National Mental Health Workforce Standards 3. Quality and safety systems meet National Mental Health Accreditation Standards 4. Positive and functional organisational culture
<p>A highly skilled mental health workforce providing specialist services in line with the model of care and its underlying principles</p>	<ol style="list-style-type: none"> 1. Implement a comprehensive workforce development and innovation plan, in line with the model of care 2. Cost requirements for training and clinical supervision, so that dedicated resources are identified and quarantined for the life of this Strategic Plan 	<p>Effective & efficient management of resources</p> <ol style="list-style-type: none"> 1. Population based funding of services and resources 2. Increased capacity in the non-government sector 3. Staff recruitment and retention rates better than other states
<p>Mental health services are delivered within a quality and safety framework</p>	<ol style="list-style-type: none"> 1. Implement a comprehensive Quality and Safety Plan 2. Put in place processes to monitor and review key quality and safety outcome measures 3. Provide annual reports to the community on MHS performance and activity 	
<p>Responsible and efficient use of a sustainable funding base that maintains the infrastructure and highly skilled staff required to meet service needs</p>	<ol style="list-style-type: none"> 1. Implement a population based planning model that will enhance the current service system by matching services to need, acknowledging the unique characteristics and challenges of Tasmania 2. Implement a performance and business monitoring system for MHS 3. Delegate responsibility for resource management as close to service delivery as possible 	

¹ Specific indicators drawn from an aggregation of the success measures for all six strategic priorities.

Context

Australians and Mental Illness

It is well understood that mental illness is a substantial burden on individuals and our community in Australia. In brief:

- Mental illness ranks fourth as the major cause of life-years lost (after heart attacks, stroke, and cancer).
- At any point in time, 3% of the Australian population will be affected by mental illness.
- Unlike many other disorders, mental illness typically affects people at important developmental stages such as late adolescence and early adulthood, and in the most productive years of life.
- Because mental illness often causes prolonged disability after onset early in life, it accounts for nearly 30% of the non-fatal diseases burden in Australia.
- One in five adults, or about 60,000 Tasmanians per year, experience a mental health problem such as depression or anxiety disorder, with contributing issues such as alcohol or substance use.
- Up to 14% of children and adolescents experience mental health problems each year, with the potential for long term disability.²
- Suicide is the third leading cause of years of life lost in males, and eleventh for women.
- People with mental health disorders have five times the average number of workdays lost per year compared with those with physical disorders.

At any particular point in time 3% of the population will have a serious mental illness. However, only two out of every five Australians with a mental health problem access services. We know, therefore, that a significant number of people suffering from a mental illness are not being helped or cannot access a service. In addition, unpaid carers provide on average 104 hours of direct care per week for each individual.

Mental illness was once understood as a difficult and lifelong affliction. Purpose-built institutions were the primary, and often the only, setting for the treatment of people with a mental illness. In Australia, as in many parts of the world, mental health system reform acknowledged the limitations of the institutional model of care to be able to respond adequately to the broad needs of people with a mental illness.

In 2006, new and developing knowledge, treatments and support mean that a person with a mental illness may access a broad range of services including: being cared for by their General Practitioner, attending an outpatient clinic, staying for short while in a general hospital, receiving services through non government services or, in the case of most people with serious mental illness, receiving a range of community based services. People may, however, access all of these services.

These improvements in the delivery of mental health services have reduced the level of unmet need in our community and Tasmania has made good progress in moving from an institutional to a community model, however, there is still work to be done.

Mental health services will, more and more, provide a range of treatment options in a more widespread network of service delivery, including increased involvement of non-government organisations (NGOs) in service provision. Already 77% of all mental health services are delivered in partnership with other providers and General Practitioners (GPs) are involved in the management of 85% of mental health consumers. The diagram on page 13 shows the relationship between elements of the mental health sector and service delivery to consumers in Tasmania.

² National Study of Mental Health and Wellbeing

Context

A National Approach

A national approach to reform of Australia's mental health system is relatively recent, beginning with the adoption of the *National Mental Health Strategy* by all Australian health ministers in 1992. This landmark strategy included the *National Statement of Rights and Responsibilities for People with a Mental Illness*, the *National Mental Health Policy*, *National Mental Health Plan(s)* and *funding agreement(s)* and provided a framework for Commonwealth and State Governments to work together to:

- promote the mental health of the Australian community
- where possible, prevent the development of mental health problems and mental disorders
- reduce the impact of mental disorders on individuals, families and the community
- assure the rights of people with mental disorders.

The National Mental Health Plans have provided the detail for this Strategy, with the current plan providing direction for 2003-2008. Its major focus is the importance of a holistic population health framework that promotes effective linkages and collaborative planning between all partners in the sector, aiming to develop community capacity and address local needs. The Plan strongly promotes a recovery orientation for service delivery and has four priority themes:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness
- strengthening quality
- fostering research, innovation and sustainability.³

From National to State

In Tasmania, we are committed to the National Mental Health Strategy through the Australian Health Care Agreement between the Australian Government and each of the States. This commitment can be seen in several strategies in place or in the final stages of development, including:

- adoption of National Mental Health Standards into the policy and procedure framework
- use of outcome measures to collect information on the efficacy of services
- participation in national expert groups on outcome data collection
- participation in groups that advise the Australian Health Ministers Advisory Council on various matters relating to mental health service delivery.

The Tasmanian Government's commitment to the National Mental Health Strategy is also supported at a state-wide level by the inclusion of a mental health indicator in *Tasmania Together*, the Tasmanian Government's long-term framework for action to make Tasmania a socially, economically and environmentally-sustainable state.

³ Australian Health Ministers. National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003.

Context

From State to Service - the MHS Strategic Plan 2006-2011

The Tasmanian Government comprises ten departments of which the Department of Health and Human Services (DHHS) is the largest in terms of budget and employees. Within Health and Human Services are three divisions involved in direct service delivery to the Tasmanian community:

- Community, Population and Rural Health (CPRH)
- Human Services and Housing (HSH)
- Hospital and Ambulance Services (HAS)

Mental Health Services is part of the Community Support subdivision that sits within the Community, Population and Rural Health division of the Department of Health and Human Services. The other services that comprise Community Support are Alcohol and Drug, and Complex and Specialist Services.

The Strategic Plan is influenced by the Department of Health and Human Service's Strategic Policy and Planning Framework and is closely aligned to the Key Performance Categories of Achievement, Quality and Access. It also incorporates the five Supporting Action Areas of: innovation, improvement and strategic development; efficiency and effectiveness in resource management; intra-agency, cross agency/government/sector liaison; high performing, motivated and supported workforce; and community involvement in and satisfaction with the Department of Health and Human Services.

The Department of Health and Human Services has a whole of Agency Collaboration Strategy coordinated by the Community Support subdivision. This strategy is about people working together to achieve the best outcomes for clients. The Agency Collaboration Strategy is founded on the following five principles:

- Work together in a spirit of cooperation
- Intervene as early as practicable
- Keep the client and their world at the centre
- Find solutions that are fair, creative and affordable
- Design understandable processes.

MHS is committed to ensuring that these principles are embedded into new models and strategies that arise out of the Strategic Plan and are reflected in future service delivery arrangements, linkages and partnerships.

This Strategic Plan for Mental Health Services has been developed from a strong foundation of international and Australian research and knowledge of mental illness and its treatment. It has also been informed by extensive consultations that have occurred as part of a number of reviews of various mental health services in the past two years. These culminated in several reviews of Mental Health Services received by the Department of Health and Human Services in recent years. The three most influential reviews, Bridging the Gap, Anglicare's Thin Ice Report and Health Complaints Commission Review into Ward 1E were all completed within 2004.

The Tasmanian Government's response to these reports was a \$47 million injection of funding aimed at improving the quality and safety of services; developing non-government services including supported accommodation services, recovery programs and packages of care for consumers living in their own homes throughout the state; and strengthening clinical resources in the community with a focus on child and adolescent teams.

The themes from these three landmark reviews have also been reflected as strategic priorities in the Tasmanian Mental Health Services Strategic Plan (2006 -2011) and current MHS Reform Agenda. This plan seeks to build and refine the 'Bridging the Gap' effort.

Context

A New Emphasis

Fundamental to this Strategic Plan is an emphasis on providing services that are recovery focused, based in environments providing the least restrictive care and involve working in partnership with others.

The recognition of the concept of recovery and development of recovery oriented practices are well advanced in a number of other countries including the United States and New Zealand and has significant positive outcomes for consumers of our services⁴. Historically people with mental illness were expected by many, including mental health professionals, to be passive recipients of care and to never fully recover or have the capacity to take control over their own lives. Such negative perceptions not only contributed to the stigma associated with mental illness and adversely impacted upon the lives of consumers and their families and friends but are now known to be incorrect.

Recovery has been described in many different ways as a process, an outlook, a vision, a guiding principle. Instead of only focussing on symptomatology and treatment of illness, a recovery approach aims to support an individual in their own personal development, building self esteem, identifying and finding a meaningful role in society to their highest positive level. A Recovery Model provides holistic treatment and care within an active and assertive partnership between the consumer, carer and the necessary supports agencies, delivering goal orientated and assertive care and treatment.

A focus on recovery means that mental illness need not be a barrier to a satisfying and hopeful life of full participation in the world.⁵ This approach is fundamentally about strengthening hope and optimism for individuals with mental illness, for their carers and for the service providers who work with them.

Recovery-oriented services are sensitive to the needs of consumers, their families and friends and value independence and self determination. It allows consumers to risk and to fail. It focuses on potential and strengths not deficits. It holds that every consumer has a right to the same pleasures, passions, and pursuits of happiness that we have.

⁴ Allott, P & Loganathan, L 2000, "Discovering Hope for Recovery from a British Perspective – A Review of a sample of recovery literature, implications for practice and system change", West Midlands Partnership for Mental Health, Birmingham. www.wmpmh.org.uk

⁵ Adapted from Anthony, W.A. "Recovery from mental illness: the guiding vision of the mental health service system in the 1990s", *Psychiatric Rehabilitation Journal*, 16(4):159.)

Service Principles

A key component of this Strategic Plan is the development of Service Principles which will be the foundation for all service development. The Service Principles are:

1. Single point accountability

Every staff member in Mental Health Services has a responsibility to ensure the delivery of quality care, and single point accountability will apply at all levels in the organisation. Case managers will have accountability for the consumers they work with, team leaders will have accountability for the performance of their teams and managers will have accountability for the achievement of the organisational goals they are responsible for.

An accountability framework assists consumers because they have a better understanding of what is being achieved in collaboration with them, and who is responsible for doing this. A central point of contact will help the consumer to make the best use of services and act as a guide towards recovery. Working within an accountability framework ensures that services and staff are working collectively towards clearly articulated goals and outcomes. It also ensures that this effort is measured and reported in a transparent manner. Whilst this is demanding, it is also more rewarding for staff because work objectives are clear, and jobs are more satisfying because individuals are recognised for their achievements.

2. Customer focused

The model of care for Mental Health Services aims to keep the needs of customers firmly at the centre of all service decisions and delivery that supports individual consumers. Maintaining the customer as the primary focus ensures services are relevant and responsive. Mental Health Services has a broader range of customers than its consumers. Carers, families, non-government organisations, other services in the community that consumers access and government are all “customers” of Mental Health Services and commitment to working effectively with these customers is critical to the best possible outcomes for our consumers. Mental Health Services will establish a Committee with broad ranging representation from its customers to ensure mental health services have ready access to customer feedback in relation to its service quality and development.

3. Partnerships

Mental Health Services can not address, nor is it appropriate that it addresses, mental illness in isolation from the broader health and welfare sector. Providing services must be seen as a partnership with consumers which work to the greatest degree possible in a cooperative and collaborative manner. Consumers must be involved as much as possible in all decisions about their care, including assessment, developing goals for treatment, individual care planning, evaluating outcomes of care, and decisions made about broader life issues such as accommodation. In the broader sense, partnerships with other organisations that also work with consumers will be developed so that we can work collaboratively on mutual goals. This includes developing working relationships where accountabilities are identified, shared accountabilities are managed effectively, and capacity building is maximised throughout mental health services.

Service Principles

4. Comprehensive service

Easy access to a comprehensive range of services that meet the needs of consumers is an essential element for service provision to effectively meet the needs of individuals. MHS services will be multi disciplinary and the service will proactively link to other relevant organisations in the community so that the full range of consumer needs is met.

Mental Health Services must have easily understood pathways and processes for all major service components so that all customers of Mental Health Services can clearly identify the range of services delivered, how and where these are delivered and how to access these services. The clear description of a service pathway supports transparency - any consumer, carer or referring agency can understand where a consumer 'is' in the mental health continuum of care from initial contact with MHS, through to closure and transfer-of-care.

It is envisaged that such a transparent and clearly articulated service pathway will exist for all consumers, regardless of age, accessing Mental Health Services in future.

5. Integrated and standardised

All services delivered by MHS will be within the framework of a standardised model of care that establishes quality and safety benchmarks. Barriers that reduce the ability for consumers to move between elements will be identified and eliminated so that all services are delivered in a seamless and integrated environment and continuity of care is achieved. An environment where service is integrated and standardised will also assist staff as resources will be focused on service delivery, not on service design and functional elements within MHS will have a common core of functionality.

6. Mainstreamed

Service delivery will be planned so that access to the full range of services a consumer needs is available as close as possible to where they live. MHS will seek to integrate its service delivery with that of other organisations, government and non government, so that the related needs of the consumer are met through mainstream service providers, allowing mental health services to provide the specialist care in partnership.

7. Least restrictive

We aim to provide MHS services in a way that allows consumers to maintain, as far as possible, the choices available to them within the community in which they live. The principle of treating consumers in the least restrictive environment recognises that all individuals should be treated in an environment and manner that respects their individual dignity, privacy and worth. The Mental Health Act requires that restrictions on the liberty of persons with a mental illness must be the minimum necessary to enable effective treatment to occur, and to ensure the protection of members of the public.

Service Principles

8. Evidence based practice and outcome measures

Our growing knowledge and understanding of mental illness and treatments, combined with the sharing of information with other services, assists us to continually improve our capacity to assist consumers towards recovery. We value the use of evidence within the clinical, educational, management and operational components of the organisation, both as a way of improving interventions, and contributing towards service innovation. The introduction of monitoring systems to focus on outcome measures for consumers, combined with a focus on best practice based on evidence, will lead to a model of care that is highly effective in meeting consumer needs.

9. Early intervention and assertive case management

Assertive case management is a central component of the model of care and is a shared function of all clinicians in community Mental Health Services. Early intervention draws attention to the need to proactively engage with consumers so that their needs are met in a timely manner. Assertive case management is based on the need to be outreached focussed so that all consumers are engaged, fragile and new consumers are contacted to ensure ongoing participation and consumers with enduring mental illness and related disabilities are positively managed in a recovery framework.

10. Skilled and supported multidisciplinary workforce

Workforce development is an essential element in building the capacity of MHS to deliver improved and more effective services. The continuing development and training of the mental health workforce will be ensured through the implementation of a workforce development system that is consistent with the National Mental Health Workforce Standards. A strong and proactive research program is also an important strategy in developing a skilled and multidisciplinary workforce. Mental Health Services will also develop a recruitment and retention plan to ensure Tasmanians have access to a mental health workforce during a period of national and international undersupply.

11. Population based planning and service delivery

Service delivery that is based on an analysis of population distribution is the basis for service equity, so that all Tasmanians are able to access the services they need as close as possible to where they live. A population based planning approach facilitates the identification of service gaps and an assessment of the take up of services so that unmet need can be addressed.

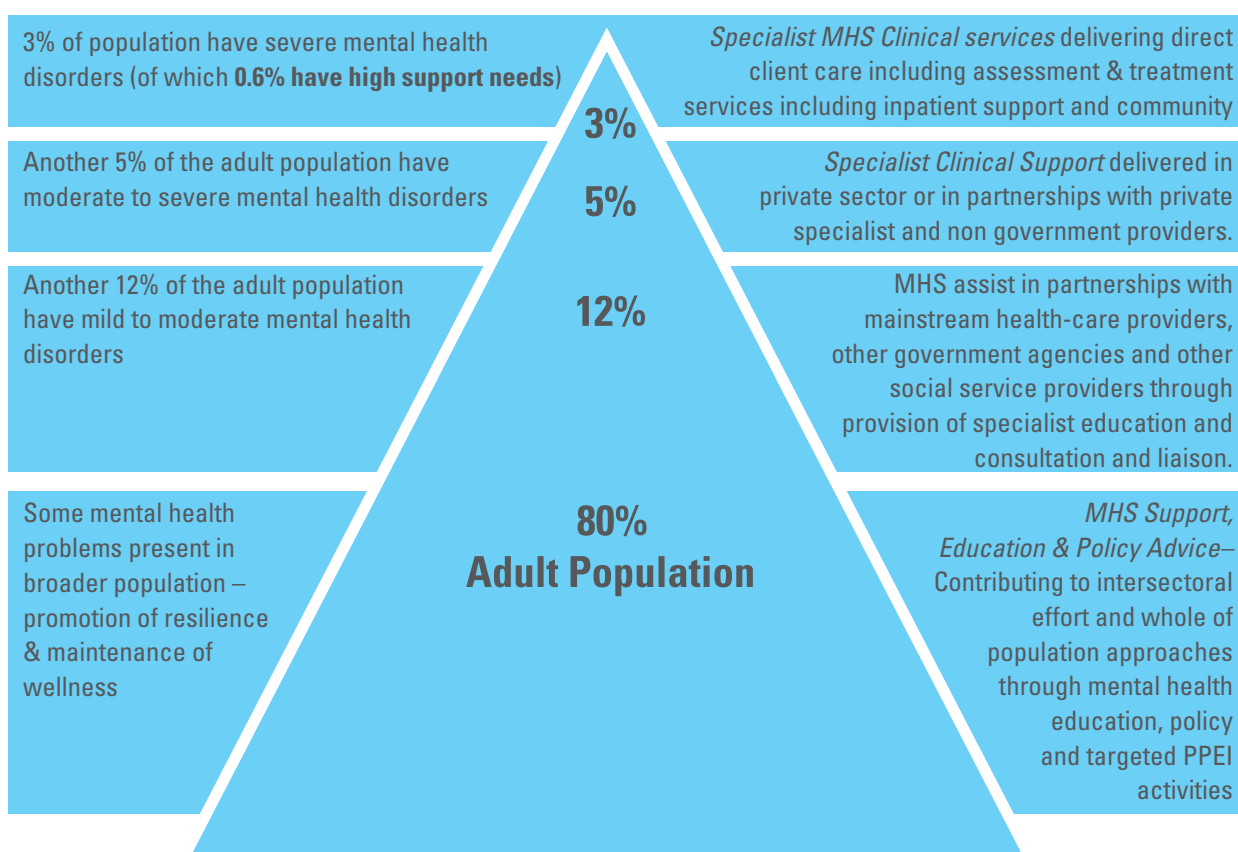
A population based approach to service planning, based on prevalence rates of mental disorder, is central to determining 'how much' and 'what type' of mental health services are required.

The diagram on the following page illustrates a whole of population mental health services population model for determining the level of Mental Health Services service delivery and broader sector involvement in supporting adults across Tasmania. This approach ensures service planning and reform remain consistent with the needs of the community.⁶

⁶ Figure adapted from Ministry of Health, 1997, "Moving Forward: More and Better Services for Mental Health, New Zealand, pg. 11.

Service Principles

The Mental Health Service Delivery Profile for the Tasmanian Adult Population



Service Overview

Mental Health Services (MHS) in Tasmania is a service within the Community, Population and Rural Health Division of the Department of Health and Human Services. In 2004–2005 MHS accounted for 6% of the Departmental budget of \$932 million or approximately \$55.92 million. Following the Bridging the Gap review in 2004 an additional \$47 million over four years has been allocated to MHS to fund its recommendations.

Services are delivered throughout Tasmania by 524.5 full-time equivalent (FTE) staff. Nurses comprise the major occupational group within Mental Health Services and represent 60% of the direct care staff delivering services to customers. The table below shows progress in Tasmania across a range of indicators, and comparison to the national average⁷. Note these figures do not include the full effect of additional funding from Bridging the Gap initiatives.

Indicators of mental health service provision in Tasmania

	1992-93	Tasmania 1997-98	2002-03	Nat Ave 2002-03	Tasmania 2003-04
State Government expenditure					
State spending per capita	\$77.19	\$88.29	\$93.99	\$100.02	\$95.05
Ave annual spending growth over last 10 years	na	na	2.10%	2.90%	5.30%
Percent spending on General Adult services	na	74.30%	69.30%	69.90%	73.66%
Percent spending on Child and Adol services	na	5.10%	4.70%	9.90%	4.80%
Percent spending on Older persons services	na	18.90%	17.70%	14.40%	14.54%
Percent spending on Forensic services	na	1.70%	8.30%	5.80%	7.00%
Service Mix					
Percent total service expenditure - community	31.70%	43.70%	59%	51.20%	70%
Percent total service expenditure - psych hospitals	48.30%	32.80%	–	18.70%	
Percent total service expenditure - colocated hospitals	20%	23.50%	41%	30.10%	30%
Inpatient Services					
Per capita expenditure on inpatient care	\$52.20	\$51.10	\$38.74	\$48.79	\$28.22
Inpatient beds per 100,000	52	42.5	32.4	30.7	21.6
Community Services					
Percent total service expenditure - ambulatory care	17.40%	27.80%	31.30%	38.60%	30.30%
Percent total service expenditure - NGO services	3%	3.50%	4.20%	5.20%	5.20%
Percent total service expenditure - residential	11.40%	12.50%	23.50%	7.30%	29.50%
Supported public housing places per 100,000	na	na	–	13.20%	
Clinical Workforce					
FTE per 100,000	89.9	88.5	97.1	90.9	88.3

Notes: total expenditure was \$48,175,000 in 03/04. Estimated population 477077

Spending growth: 93/94 \$31,518,600 to 03/04-\$48175000. Growth \$16,656,400 over ten years, 52.8%. Ave. annual-5.28%. MHS has recalculated some 02/03 data to be consistent with 03/04. These are: Ave annual spending growth, Service Mix, Inpatient beds per 100,000, and FTE per 100,000.

na signifies that the indicator is not available because national data is not collected.

⁷Figures sourced from Department of Health and Aging, 2003, "National Mental Health Report 2004: Eighth report – summary of changes in Australia's Mental Health Services under the National Mental Health Strategy 1993-2002., Canberra"

Service Overview

Services are delivered through two regions: the North, which covers North and North West Tasmania and the South. There are several main service components funded by Mental Health Services.

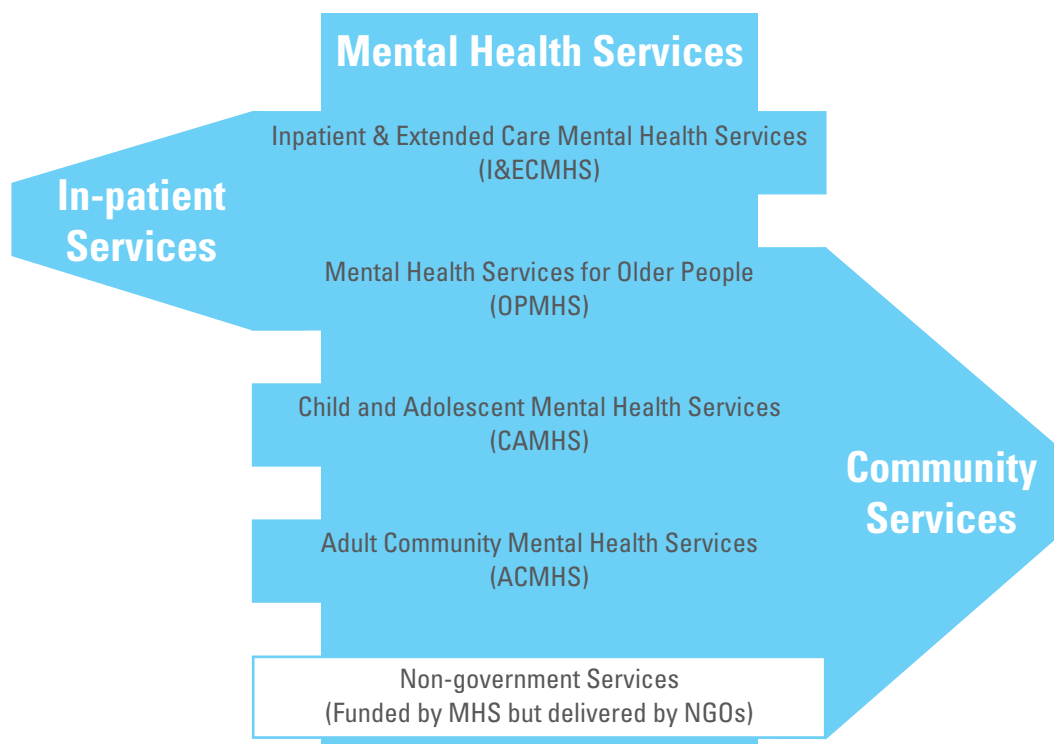
- **Child and Adolescent Mental Health Services** for consumers aged from birth to 17 years. Most services are delivered as community based services, but admission to a paediatric ward is available if an inpatient admission is unavoidable.

- **Adult Mental Health Services** which is divided into two main parts - Community and Inpatient / Extended Care Services. The acute inpatient units are co-located in the three general hospitals, Royal Hobart Hospital (RHH), Launceston General Hospital (LGH) and North West Regional Hospital (NWRH). In addition, there is a state-wide psychiatric intensive care unit at the RHH and a number of community-based extended care facilities in Hobart (Campbell Street and Tolosa Street), New Norfolk (Millbrook Rise Centre) and Longford (Howard Hill Centre).

There are a number of adult community centres across the state delivering a range of mental health services to urban and rural communities. In Launceston and Hobart there are also specialist community based teams delivering crisis, intensive support and rehabilitation services to consumers in these areas.

- **Mental Health Services for Older People** consist of acute inpatient assessment and treatment services, day centre and community services, as well as a Dementia Support Unit which is part of the Commonwealth Government psychogeriatric unit program.

The diagram below illustrates the major service components for Mental Health Services.



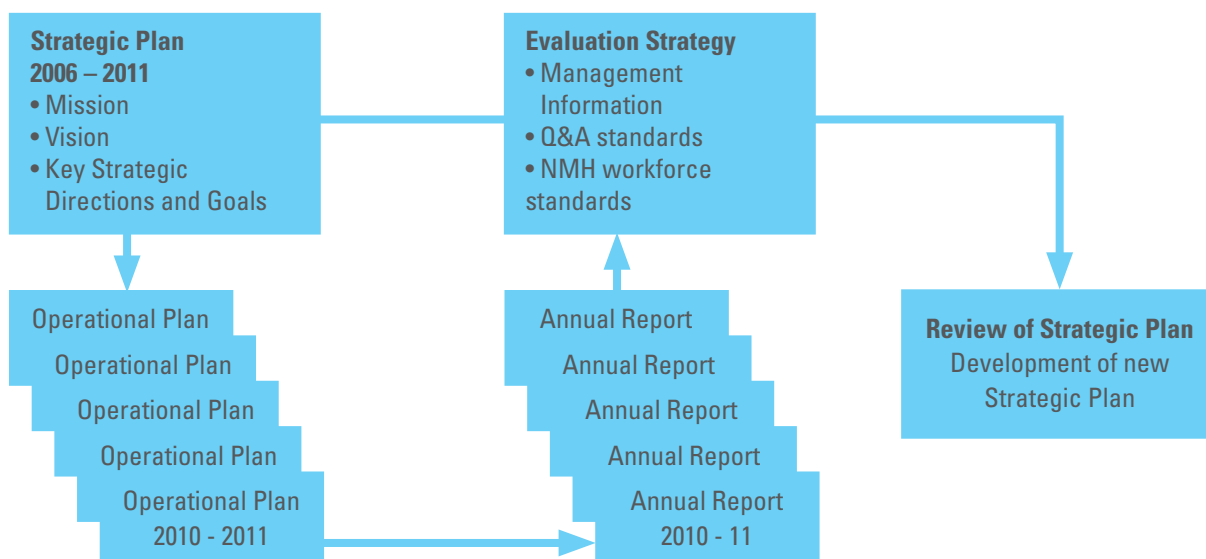
It is proposed that each of these service components streams will be defined under a Blueprint for Service which will contain a description of where and what services currently are as well as contain operational plans for aligning these services with the strategic goals and directions of the Strategic Plan over the next 5 years.

Implementation and Review

The Mental Health Services Tasmania Strategic Plan 2006 – 2011 is the culmination of significant evaluation, research and review of services in 2004 and further consultations in 2005. The diagram below sets out the development and implementation process.



Operational plans will be developed for each year of the Strategic Plan. Similarly, an Annual Report for each year of the plan will evaluate progress towards achieving the goals. MHS will commence planning for the next strategic plan in 2009. The diagram below sets out the planning and evaluation framework.⁸



⁸ Lea McInerney, 2005. Unpublished.

SECTION 2:

Strategic Priorities for 2006 - 2011

(including Goals, Strategies and Success Measures)

- 1. Model of care**
- 2. Participation & partnerships**
- 3. Governance & leadership**
- 4. Workforce development**
- 5. Quality and safety**
- 6. Sustainable resources**

1: Model of Care

1. Goal for 2011

A Tasmanian model of care for mental health that is centred on consumers, promotes their recovery, and is provided equitably and efficiently.

2. Reason for Focusing on this Area

There is a significant wealth of knowledge, experience and feedback which has guided Mental Health Services development of its model of care. This model of care can be demonstrated to improve mental health outcomes and improve both community and staff satisfaction. The model of care will be delivered in line with our service principles and incorporates Tasmania's geographical and population characteristics. Mental Health Services has a growing knowledge of the number of people with mental illness in Tasmania and is also implementing new strategies which will allow us to measure the effectiveness and efficiency of our new model of care. We will use this data to progressively refine our model and to align our services with actual needs.

This growing knowledge and understanding signals the beginning of our determined new approach to delivering the most effective services that we can. We want to make sure that every person with a mental illness is able to achieve the optimum level of recovery for their individual, unique situation. We can assist this process through assertive and consistent individual case management which keeps all of us focused on the goals of each consumer using our services.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 A standard model of care throughout MHS.⁹
- 3.2 Consumers, carers and partners have a clear understanding about the role and responsibility of MHS, the services it directly provides and where it adds value to other services through consultation and liaison.
- 3.3 Improvement in the health of people with mental illness as evidenced by key indicators.¹⁰
- 3.4 Strong consumer and carer focus in all services, with every mental health consumer having an individual plan which they have collaboratively developed.
- 3.5 Staff of MHS are confident in the model of care and their individual role in it, demonstrated by an increasingly skilled workforce reporting increased satisfaction as individual staff and as a team.
- 3.6 MHS is working effectively with a range of partners in providing services.

⁹ Model to incorporate: service principles embedded into all services and practices; effective governance structures, systems and processes; innovative approaches to increase service delivery; service delivery that is integrated, consistent across the state, and delivered equitably according to the distribution of the population; explicit links with quality and safety activities and outcomes.

¹⁰ Key indicators include: engagement of 3.0% of community with significant mental illness (current 0.9%); improvements in outcome measures for specific conditions.

Model of Care

4. Risks

The main risks MHS faces in this area are as follows.

- 4.1 Current limitations of system and service infrastructure.
- 4.2 Barriers in the workplace during implementation of the model of care, where people may feel unsupported through the change processes, may be reluctant to change, or may lack confidence in their capacity to make necessary changes.
- 4.3 Not engaging all partners in the process of change.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Build a comprehensive model of care based on population data, research and evidence where available.
- 5.2 Implement a carefully staged and detailed Transition Plan that aligns services to the model of care.
- 5.3 Establish a reward and recognition strategy to support staff who demonstrate leadership in progressing towards the goals established within this strategic plan.
- 5.4 Develop and implement a strategy to involve consumers, carers, partners and others in the development of the model.

2: Participation and Partnerships

1. Goal for 2011

Staff of MHS are working effectively with consumers, carers and partners.

2. Reason for Focusing on this Area

Mental health is everybody's business. We understand that many people already participate in the mental health arena, whether as consumers, carers, primary providers or general community members. MHS is committed to providing a model of family sensitive service provision which ensures that families needs are considered especially where there is parental mental illness.

We want the mental health sector to be a vibrant and effective presence in the community and for the sector to encourage the participation of people in their own individual journey of recovery as well as in the continual improvement and support of the wider mental health system.

We are a major player in this wider mental health system, providing a large number of services for specific consumer groups. We currently work with a number of other services including those run by non-government organisations, volunteer groups, education providers, the private sector, other DHHS divisions and external agencies. We want to build upon existing relationships and foster new partnerships, bringing together the skills and expertise of many individuals to benefit consumers and the wider community.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 Effective participation by consumers, families and carers in mental health services.
- 3.2 Services to consumers with families include family sensitive strategies in Individual Service Plans.
- 3.3 Effective partnerships and working relationships between MHS, other DHHS services, other government agencies, non-government organisations, volunteer groups, education providers and the private sector.
- 3.4 Increased capacity of the non-government sector to deliver primary health care and other services to specific target groups.
- 3.5 Improved synergy of efforts in responding to mental health needs in Tasmania through an increasing number of joint and collaborative ventures.

Participation and Partnerships

4. Risks

The main risks in this area are as follows.

- 4.1 The value of consumer and carer participation is not adequately understood or supported.
- 4.2 Differing perceptions, agendas and priorities among services and partners impacting on extent of engagement.
- 4.3 Inadequate systems and skills across the whole sector to effectively build, maintain and sustain partnerships.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Implement the Consumer and Carer Participation Framework.
- 5.2 Implement a family sensitive service delivery framework.
- 5.3 Build strong foundations for establishing, maintaining and sustaining partnerships including establishment of agreed consumer outcomes.¹¹
- 5.4 Establish monitoring and review processes for formal partnerships.
- 5.5 Include consultation and participation strategies in all major service activities and projects

¹¹ For example: consultation and development processes, tools and templates, skills development, supporting processes.

3: Governance and Leadership

1. Goal for 2011

Sound governance and effective leadership throughout MHS, so that the efforts of everyone are focused on recovery and the promotion of mental health.

2. Reason for Focusing on this Area

Our model of care needs to be supported by sound governance foundations, effective leadership, a committed workforce and simple, efficient systems and processes.

Recent reviews have highlighted concerns about the way Mental Health Services currently deliver services including issues around problems relating to the services we provide, the accountability framework, and administrative and clinical processes that do not provide the best support for staff and consumers.

We need to develop clear lines of accountability and simplify our processes and procedures so that staff are able to concentrate on the work they do with and for consumers. Our senior staff need to be supported in developing their skills to lead and manage their teams and help build a skilled workforce. We also want to improve communication throughout MHS, build a strong culture of teamwork and foster leadership qualities throughout the organisation so that all staff are engaged in improving our services.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 Well structured governance processes and systems with single point accountability at all levels through the organisation and individual performance management plans in place.
- 3.2 Contemporary clinical management and supervision practices that rate well when compared with available evidence.
- 3.3 Regular and useful communication of information occurring throughout MHS.
- 3.4 A strong culture of leadership and teamwork leading to a positive and functional organisational culture.

Governance and Leadership

4. Risks

The main risks in this area are as follows.

- 4.1 Lack of clarity and agreement about priorities.
- 4.2 Lack of leadership skills and a limited understanding of management responsibility and accountability.
- 4.3 Inadequate workforce development to facilitate effective succession planning and a limited capacity for this because of a world wide shortage of mental health professionals.
- 4.4 Underdeveloped management structures and systems for major activities.
- 4.5 Limited capacity to recruit, develop and retain people.
- 4.6 Constraints on the level of delegation.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Develop a governance structure, systems and processes that support the model of care.
- 5.2 Ensure the capacity for accountable governance, leadership and teamwork within the senior management team.
- 5.3 Implement a professional and clinical supervision framework.
- 5.4 Implement a performance management system.
- 5.5 Provide training and mentoring opportunities.

4: Workforce Development

1. Goal for 2011

A highly skilled mental health workforce providing specialist services in line with the model of care and its underlying principles.

2. Reason for Focusing on this Area

The standardised model of care is a major platform for development of Mental Health Services over the next five years. Supporting our staff and other key stakeholders through continuing development of their knowledge and skills will be crucial to realising the potential of the model of care to substantially improve mental health outcomes. We want to build an organisational culture where learning is an intrinsic and enjoyable part of everyone's roles and where staff have access to the right training to support them in their work.

Additionally, in an environment of worldwide shortages of most mental health professionals must focus upon strategies that promote recruitment and retention of skilled and professional staff into the mental health sector.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 Increased participation by staff in workforce development activities with corresponding increased skill development and capacity across the mental health sectors.
- 3.2 Implementation of the National Mental Health Workforce Practice Standards.
- 3.3 Workforce practice is underpinned by research and evidence where available.
- 3.4 Staff understand and adopt appropriate Clinical Practice Guidelines.
- 3.5 High level of participation in professional and clinical supervision.
- 3.6 High level of participation in the performance and development program.
- 3.7 The establishment of a dedicated budget for workforce development.

Workforce Development

4. Risks

The main risks in this area are as follows.

- 4.1 The size and complexity of our workforce.
- 4.2 World-wide shortage of health professionals.
- 4.3 Lack of availability of training and professional development opportunities for staff in Tasmania.
- 4.4 Difficulties for staff to participate in training because of competing demands in the workplace and lack of staff to backfill, especially for clinical positions.
- 4.5 Lack of easy access to research and evidence based practice in the workplace.
- 4.6 Limited financial resources.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Develop and implement a comprehensive workforce development and innovation plan, in line with the model of care and National Mental Health Workforce Practice Standards.
- 5.2 Build appropriate infrastructure to allow easy access in the workplace to research and evidence based practice.
- 5.3 Cost requirements for training and clinical supervision, so that dedicated resources are identified and quarantined for the life of this Strategic Plan.
- 5.4 Submit a business case for additional funding to support workforce development.

5: Quality and Safety

1. Goal for 2011

Mental Health Services deliver high quality, safe services to customers.

2. Reason for Focusing on this Area

The recent reviews of various mental health services have highlighted that we need to improve our services and the way we do business. We want to view all of our operations as part of a whole system of service and have as our focus the best possible outcomes for customers through integrated services.

This process has begun with the development of a divisional Quality and Safety Framework. We want to see that this framework is implemented in such a way as to meet everybody's expectations of what a state mental health service should reasonably be providing in terms of quality and safety for customers and staff.

We want to be confident that as a service we can be positively evaluated by external agents to demonstrate that as a whole Tasmania's mental health service provides quality care and treatment.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 Staff and management understand and are committed to the value of quality and safety systems in providing services.
- 3.2 Effective risk management strategies are developed and implemented.
- 3.3 Well structured clinical governance is in place.
- 3.4 Outcome measures for consumers and for service delivery are routinely monitored and evaluated in an environment of continual improvement.
- 3.5 MHS Tasmania is fully accredited against National Standards for Mental Health Services.

Quality and Safety

4. Risks

The main risks in this area are as follows.

- 4.1 Insufficient or inadequate systems and processes.
- 4.2 MHS processes may not align well with wider Agency processes.
- 4.3 Quality and safety processes are overly complicated and difficult to understand and implement.
- 4.4 Agenda for quality and safety improvement is driven by reactive responses to external influences rather than service data.
- 4.5 Barriers in the workplace during the implementation of a quality and safety framework, where people may feel unsupported through the change process, may be reluctant to change, or may lack confidence in their capacity to make necessary changes.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Develop and implement a comprehensive Quality and Safety Plan which is aligned with national priorities and the Agency Quality and Safety Plan including easily understood tools and processes.
- 5.2 Implementation of a standardised, comprehensive suite of clinical policies and procedures to guide service delivery to customers.
- 5.3 Put in place processes to monitor and review key quality and safety outcome measures.

6: Sustainable Resources

1. Goal for 2011

Responsible and efficient use of a sustainable funding base that maintains the infrastructure and highly skilled staff required to meet service needs.

2. Reason for Focusing on this Area

The success of all of our goals relies heavily on adequate resources. The introduction of our model of care will require a well-resourced change process. Ongoing funding will be necessary to ensure workforce numbers and skills can meet the challenges of the new direction that MHS is taking.

The National Mental Health Report 2005 shows that MHS in Tasmania is well on the way to achieving or moving beyond national averages for resource utilisation across many indicators. Additional resources have been allocated to support the change processes outlined in this plan.

This Strategic Plan sets out the major improvements that we know we can make in providing services for people with a mental illness. There is a risk that we will not achieve our goals if we do not efficiently deploy the resources allocated. This will require some changes in current systems and services. However, we are confident that with a shared vision and united effort we can deliver a significantly improved service to all Tasmanians, and bring about a significant return on investment for the Tasmanian community.

3. Success Measures

By 2011, our success in this area will be demonstrated by significant progress in the following:

- 3.1 Realistic and accurate population based funding model used as the basis for service and resource distribution.
- 3.2 Clear understanding of emerging needs, gaps and proposed responses and the ability to respond quickly as priorities change.
- 3.3 Tasmania is seen as a rewarding and satisfying place to work by health professionals and other staff locally, nationally and internationally.

Sustainable Resources

4. Risks

The main risks in this area are:

- 4.1 Inadequate information to build an evidence-base and fairly distribute resources.
- 4.2 World-wide shortages of health professionals and competition for recruitment and retention.
- 4.3 Competing and changing priorities for funding.

Risk management strategies are included in the major strategies below.

5. Major Strategies

- 5.1 Implement a population based planning model that will enhance the current service system by matching services to need.
- 5.2 Develop and implement a performance and business monitoring system for MHS.
- 5.3 Delegate responsibility for resource management as close to service delivery as possible.

Notes:

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The background features a series of overlapping, wavy lines in shades of blue and green, creating a sense of movement and depth. The lines are layered, with some appearing more prominent than others, and they flow across the page from left to right.

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