Mental Health and Intellectual Disability Service

Operational Service Model (OSM)

Specialist Statewide Mental Health and Intellectual Disability Service OSM V4

STATEWIDE MENTAL HEALTH SERVICES

TASMANIAN HEALTH SERVICE

Tasmanian Government

Contents

1. Executive Summary

The Tasmanian Mental Health Reform Program has created a suite of documents that describe new and revised services to be implemented as part of reforms in Southern Tasmania. The development of these models was undertaken in response to twenty-one recommendations made by the Mental Health Integration Taskforce, which focus on improving integration across mental health services.

Establishing the Mental Health and Intellectual Disability Service is a key component of eight actions the government has committed to in order to address the Taskforce recommendations. The relevant action is Action 5: Dedicated statewide services for people with complex needs. This dedicated response to people with complex needs aligns to the recommendation from the *National Roundtable on the Mental Health of People with Intellectual Disability 2018,* Element 4, Recommendation 3: Ensure access to specialist multidisciplinary team.

This operational model has been developed in consultation with people who have relevant experience of mental health issues and intellectual disability including family and friends, community support organisations, and clinicians. The model is informed by the experiences and lessons of other similar fully operational specialist services in other jurisdictions.

This document outlines a model for the first Tasmanian Mental Health and Intellectual Disability Service (MHIDS). MHIDS is designed to cater specifically for individuals aged between 16 – 64 years who have a confirmed or suspected diagnosis of intellectual disability and mental health issues.

The MHIDS is a specialist short term assessment and advisory service which aims to improve the clinical outcomes for people with intellectual disability and mental illness by supporting and building the capacity of direct care providers to people with mental health issues and intellectual disability.

This aim will be achieved by the establishment of a specialist multidisciplinary team working in partnership with Statewide Mental Health Service case managers, disability support coordinators and other key service providers. Service activities will include clinical assessments and plans, consultation, liaison, capacity building and case management of limited numbers of complex cases.

This specialist community-based team will provide a service to facilitate the following objectives:

1. Improved outcomes for consumers who live with mental health and intellectual disability
2. Equity of access to this specialist mental health and intellectual disability service, regardless of where consumers live in Tasmania
3. Improved quality of care for people with intellectual disability and mental health issues within Statewide Mental Health Services
4. Improved understanding and response to consumer needs and preferences
5. Improved integration and coordination of working with Mental Health clinicians, other service and direct care providers, including families and friends
6. Raised awareness and skill-levels in the mental health and disability sector
7. Improved management of data to inform our systematic approach from inception and beyond.

For further details of what and how the outcomes can be achieved see Appendix A.

2. Preamble

Statewide Mental Health Services in Tasmania will be provided by services organised into two care streams; an Acute Care Stream and a Continuing Care Stream.

The Acute Care Stream (ACS) is designed to provide treatment to individuals experiencing moderate to severe mental health symptoms or suicidal distress who have not had any prior or recent contact with mental health services, or are likely to be in need of this intensity of service for short periods of time who are not suitable for treatment in the Continuing Care Stream. Functions provided as part of the ACS include mental health triage and assessment, community acute care case management, short stay units, community residential treatment units, Mental Health Hospital in The Home (MH HiTH), the Department of Emergency Medicine, and traditional inpatient services (Mental Health Inpatient Unit). The development of the ACS is designed to provide contemporary community-based alternatives to ED presentation and traditional inpatient admissions.

The Continuing Care Stream (CCS) is designed to provide longer-term case management, community and extended care rehabilitation for individuals requiring assistance in developing functional skills. The service will also provide limited short-term intensive case management for existing clients. It should be noted that individuals active in the continuing care stream will be able to access the entire range of acute care inpatient services if needed, but their rehabilitation and long-term management will be provided within the continuing care stream.

The Mental Health and Intellectual Disability Service will support the Continuing Care Stream through provision and access to additional specialists within a multi-disciplinary team and expertise used to build the capacity of the existing system and those who provide direct support to consumers with specific complex needs. As appropriate, MHIDS will provide advice to the ACS.

People with intellectual disability have a disproportionately high rate of mental health issues when compared with the general population and a much lower rate of treatment and care. Prevalence estimates of 'mental disorder' amongst Australian adults is 20 per cent, compared with 31.7 per cent amongst adults with intellectual disability (Morgan, Leonard, Bourke and Jablensky, 2008).

People with intellectual disability may have difficulty:

- accessing appropriate health care
- recognising and communicating symptoms and signs of mental health issues
- advocating for the supports they may require in a way that they would like them
- communicating whether treatment is working, including any side effects of treatment
- are more likely to experience difficulties in understanding what services are available for them and navigating the fragmented, multitude of service systems
- responding to general mental health treatment and management approach.

The Disability and Mental Health Dual Diagnosis Round Table identified gaps including:

- appropriately designed services

- improved support and negotiation of systems from first contact
- access to appropriate resources and liaison for service providers and
- health education
- service co-design
- intergovernmental cooperation towards better outcomes.

3. Specialist Mental Health and Intellectual Disability Service

3.1 Service Description

A Statewide Specialist Community Mental Health Service for persons aged between 16-64 years of age who have a confirmed or suspected diagnosis of intellectual disability and confirmed or suspected mental health issues.

3.2 Principles

The following service principles are the foundation for the development and delivery of our service.

- **Single point accountability** – we believe that every staff member in Mental Health Services has the responsibility to ensure the delivery of high-quality care.
- **Consumer focused care** – we will keep the best interests of the consumer and their world at the center of the care and the treatment planning we provide. We will provide supports for people to participate in making decisions about their own care and treatment.
- **Recovery-oriented care** - we will support consumers to optimise their wellbeing and live satisfying and meaningful lives. We will focus on hopes, strengths and goals.
- **Trauma-informed care** - we will take a safe, compassionate, non judgemental approach to providing mental health care to reduce the potential for re-traumatisation. We will deliver trauma-informed practice and promote trauma-informed principles.
- **Partnerships** – we believe that consumers and appointed guardians must be involved as much as possible in all decisions about their care. We will work collaboratively with other organisations in order to achieve the best possible outcomes for consumers, family and friends.
- **Family and friends** – we believe that family and friends play a critical role in the health and wellbeing of individuals who live with mental health issues. We commit to inclusion at all points of care and recognize the need for family and friends to access their own supports in times of need.

- **Comprehensive service** – we are a multi-disciplinary service that proactively links to community organisations and other agencies to address barriers to accessing resources and services to meet the full range of consumer needs
- **Integrated** – we will endeavour to promote and provide consumers with easy access to a wide range of services delivered in a seamless way to ensure continuity of care. We will seek to integrate our service delivery with that of other organisations so that related needs of consumers are met.
- **Least restrictive care** – we aim to provide our services in a way which allows consumers, as far as possible, to be treated in an environment and manner that respects individual dignity, privacy and self-worth.
- **Evidenced based best practice** – we value and rely on the use of evidence to inform and improve our practices. We focus on intervention methods that are best practice as based on available evidence and proven outcomes.
- **Early intervention** – we will intervene as early as possible and deliver or plan treatments in a timely manner in order to ensure the best possible outcomes for consumers.
- **Skilled and supported multidisciplinary workforce** – we will continue to develop and train our multidisciplinary workforce to build capacity and ensure more effective service delivery.

Principles outlined in the *United Nations Convention on the Rights of Persons with Disabilities* and reflected in the Tasmanian *Disability Services Act (2011)* include:

- respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- non-discrimination
- full and effective participation and inclusion in society
- respect for difference and acceptance of persons with disability as part of human diversity and humanity
- equality of opportunity
- equality of access.

3.3 Operational Characteristics

The Mental Health and Intellectual Disability Service (MHIDS) is a specialist short term (approximately 6 months) assessment and advisory service provided by a specialised multi-disciplinary team (MDT) with developing expertise to support, advise and build the capacity of direct care providers of people aged between 16 – 64 years living with mental health issues and intellectual disability in the Tasmanian community. The newly established MHIDS forms part of the Statewide Mental Health Service (SMHS).

Service core activities will include, but are not limited to:

- providing consultation liaison, support and advice to case managers, NDIS coordinators and other local service providers of direct care (e.g. GPs, NDIS Providers), as required

- providing comprehensive mental health assessments to inform the planning of the consumer's clinical management plans and treatment.
- managing a small case load of complex cases
- facilitating access to services and resources through networking, brokerage and collaboration
- monitoring and providing oversight of consumer progress against treatment, recovery actions and plans. Tracking progress and follow up
- identifying and reporting system and service gaps
- collecting generic data (e.g. number of cases and referrals) data for monitoring and evaluation purposes and to inform service development
- providing training, education to build the capacity of mental health and intellectual disability service providers.

3.4 Service Location

MHIDS is a Statewide Service operating within a community setting located at a single office base within mental health facilities. The office location is yet to be determined, as it is dependent on the outcome of staff recruitment and available office space. It is anticipated that MHIDS staff will provide assertive engagement and use communication technology such as Telehealth, as appropriate and as per SMHS protocol

There are anticipated challenges in the recruitment of staff with the required experience and expertise in both mental health and intellectual disability. Recruitment will be linked to the Tasmanian Mental Health Reform Workforce Strategy, orientation and upskilling training will be provided, as required.

3.5 Staffing Profile

The SMHS has funding for three Full Time Equivalent (FTE) staff to establish and operationalise a multi-disciplinary specialist team comprising:

FTE	
0.5	Consultant Psychiatrist
1.0	Psychiatric Nurse Practitioner
1.3	Allied Health
0.2	Speech Pathologist

It should be noted that the above proposed staffing composition for the team is an ideal situation which may not be achievable. There is a well recognized shortage of suitably skilled and experienced Allied Health professionals, it is for this reason that Allied Health positions will be advertised using a generic Statement of Duties. Whilst there is a preference for a combination of Allied health staff the composition of the team will be dependent on the

outcomes of the recruitment process. The Speech Pathologist is likely to be recruited through a partnership with other agencies.

All MHIDS staff will be administratively self-sufficient and able to access administrative support from the Continuing Care Team (CCT) in each catchment area, subject to capacity and by negotiation.

Access to key service providers will continue to be available from:

- SMHS Staff, including staff from Adult Community, Forensics and Child and Adolescent Mental Health Services
- Specialist external (TazREACH) and contracted Consultant Psychiatrists
- Peer Support Workers
- Support Coordinators or Recovery Coaches for National Disability Insurance Scheme (NDIS) participants for the provision of support services

If a person is an NDIS participant and has a NDIS support coordinator or recovery coach, the MHIDS will compliment not duplicate or replace this role.

Other essential external service providers include:

- The mental health and intellectual disability sectors
- NDIS funded service providers
- GPs, primary care and private providers
- Community Managed Organisations
- National Disability Insurance Agency (NDIA).

Partnerships to improve service development and management of complex cases include:

- Victorian Dual Disability Services VDDS
- Victorian Mental Health Intellectual Disabilities Initiative (MHIDI)
- Victorian Center for Development Disability Health (CDDH)
- Canberra Health Services
- Other external providers and partners as listed in section 5.3.

3.6 Hours of Operation and Work Patterns

This community service will operate within ordinary business hours from Monday to Friday 08:30 to 17:00

Out of hours services will operate within the SMHS existing framework as MHIDS is not a crisis service.

3.7 Governance

MHIDS will be a new Statewide Mental Health Service (SMHS) and will be part of the existing governance structure and adhere to the policy and service delivery framework.

MHIDS staff will report to the appointed senior clinical MHIDS staff member, who reports to the Director of Nursing/Allied Health, who in turn reports to the relevant Group Director responsible to the Clinical Executive Director and Statewide Medical Director.

Overall responsibility for the Statewide Mental Health Services rests with the Clinical Executive Director. Clinical responsibility for all services rests with the Medical Director.

3.8 Legislative Framework

Relevant legislation, standards and governing organisations include:

- United Nations Convention on the Rights of Persons with Disabilities, 2006
- Disability Service Act 2011
- Mental Health Act 2013
- Guardianship and Administration Act 1995
- Right to Information Act,
- Personal Protection Act 2004
- Work Health and Safety Act
- Consumer Rights and Responsibilities
- Tasmanian Charter of Health Rights and Responsibilities
- National Practice Standards for Mental Health Workforce 2013
- National Safety and Quality Health Service Standards NHQHS

3.9 Legislative Framework

The service will be evaluated to ensure that the service is meeting the aims and objectives and to highlight any action that may be taken to improve performance for consumers, families and friends who provide ongoing care, support and assistance. This will be achieved by:

- developing key performance indicators (KPIs) with support from the Data Analysis
- developing a standardised statewide written performance report (containing quantitative and qualitative data and KPIs) prepared by MHIDS for the Director of Nursing/Allied Health, with copies provided to the Executive Management Team.
- Continuation of the quarterly working group meetings (members listed under section 6) with the addition of a MHIDS staff representative for a period of up to six months after service establishment, to reflect upon the service operations and to provide specialist input into the service review
- conducting a Service Review at least 6 months post operationalisation which incorporates consumer experiences and lessons learnt
- evaluate 12 months post operationalization as part of the annual SMHS evaluation process.

4. Functions of the Service

4.1 Admission Criteria

The target group is persons aged between 16-64 years of age who have a confirmed or suspected diagnosis of intellectual disability and mental health issues and can be treated in a community setting.

This service includes persons who:

- are a permanent or likely to be a permanent resident of Tasmania
- have a substantially reduced capacity for communication and learning
- are accessing or likely to meet NDIS access requirements
- who have complex conditions managed by other services and require secondary consultation, by negotiation, as appropriate
- do not present imminent risk to self or others
- require continuing support services
- are able to engage with services

4.2 Referrals

Who can refer?

Referrals will be received from:

Internal Mental Health Referrals

- the Continuing Care Team (CCT) or Acute Care Team (ACT)
- Child Adolescent Mental Health Services for consumers transitioning from youth to adult services with Case Management

External Referrals

- GPs or primary care or private provider
- Community Managed Organisations
- Consumers, their families and friends.

Service and contact information will be made available to relevant stakeholders and disseminated as appropriate.

4.3 Assessment

A range of mental health assessment can be utilised or adapted to, assess the spectrum of mental health needs of individual MHIDS consumers and to plan targeted interventions for positive consumer outcomes. These may include but are not limited to the following tools:

- Consumer self-reporting tools (e.g. 'My Outcomes'; Scott Miller et al 2003)
- Depression in Adults with Intellectual Disability: Checklist for Carers (Centre for Developmental Medicine, Monash)
- The Developmental Behaviour Checklist (DBC)
- Adaptive Behaviour Assessment System, Third Edition (ABAS-3).

Diagnostic tools in the case of:

- suspected mental health issues
- suspected misdiagnosis
- physical
- behavioural complexities.

Discipline specific assessments and tools (case by case basis):

- Speech Pathology Communication Screening Assessment
- Self-Care and Activities of Daily Living Assessments
- Behavioural Management Assessments.

It's important to demonstrate family, carer and friends' inclusive practice when supporting consumers. The '*Practical Guide to Working with Carers of People with a Mental Illness*' has been developed as a tool for service providers.

4.4 Treatment

MHIDS will primarily plan, co-plan or provide oversight of the planning for treatment which will be based on assessment, individual needs and evidence. In a small number of cases or where appropriate and there is capacity, MHIDS staff will provide specialised treatment. Clinical practice opportunities will enable the development of training and advice to other practitioners and specialists based on authentic and recent clinical experience.

MHIDS staff will continue to develop skills, knowledge and understanding and to develop skills to respond and engage more effectively with a range of consumers with various communication styles, behaviour, patterns and feelings.

5. Protocols and Procedures

The service will work in line with THS and SMHS policies, protocols and procedures.

Service specific protocols and procedures if not captured in existing protocols and procedures will need to be created.

Business rules and or operational guidelines will be developed to guide operations such as where there are exceptions to the 6-month service period and instances when a case can be considered for MHIDS clinical case management.

Tools may include but is not limited to a common Intake Form, pre-appointment questionnaire, consent form, waitlist (subject to demand) and referral form.

Consumers, carers, families and friends often provide valuable insight into the design of written information and the design and delivery of training.

6. References

Department of Developmental Disability Neuropsychiatry, UNSW Sydney (2014). *Accessible Mental Health Services for people with Intellectual Disabilities: A guide for providers.* Department of Developmental Disability and Neuropsychiatry.

Department of Developmental Disability Neuropsychiatry, UNSW Sydney (2018). *Recommendations from the National Roundtable on the Mental Health of People with Intellectual Disability 2018*.

Morgan, V. A.; Leonard, H.; Bourke, J.; and Jablensky, A. (2008). Intellectual disability co-occuring with schizophrenia and other psychiatric illness: Population-based study. *British Journal of Psychiatry*, 193(5).

Appendix A

Mental Health and Intellectual Disability Service (MHIDS) will provide a service to facilitate the following outcomes:

Outcomes	What MHIDS can do to achieve this?	How MHIDS can achieve this? Suggestions include:
1. Improved **outcomes** for consumers who live with mental health and intellectual disability	**Broader and targeted range of interventions** to resolve issues, restore stability and quality of life	**Assessment** & other evidence-based clinical interventions (i.e. communication, sensory, behavioural, medication, psychiatric), **consultation and liaison, diagnosis, second opinion** and **treatment planning, care and safety plans, case monitoring and reviews**
2. **Equity of access** to this specialist mental health and intellectual disability service, regardless of where they live in Tasmania	Form an effective and cohesive **new Specialist Multi-Disciplinary Team** to bridge gaps and inconsistencies of service provision across the Tasmanian State	A fair, equitable and manageable system of **needs and team skills-based case assignment process for consumers of MHIDS** **Full utilisation of available resources external to MHIDS to close any gaps in services e.g.** any allocated MHS Case Managers/NDIA funded Support Coordinators, Consultant Psychiatrists Outreach and communication technology such as Telehealth, as appropriate and as per SMHS protocol
3. Improved **quality** of care for people with intellectual disability and mental health issues within State-wide Mental Health Service	**Draw upon the collective expertise** within the specialist service, best practice approached, evidence-based practice and the disciplinary assessment skills to better meet consumer needs and preferences **Minimise the number of situations where the consumer needs to repeat their story** in the mental health system	**Clear referral procedure to exit pathways** **Case by case approach,** often requiring **an approach from a behavioural perspective and** determined by the different symptomology of the individual **Access to live consumer information /documentation** or alternative mechanisms for inclusive participation of others, where this is not currently possible. To be explored further **Adaptation of systems, processes, protocols and procedures to meet the consumer's needs** **Adaptation of strategies** such as relapse prevention and recovery planning into pictures and words to meet their cognitive and communication needs.

Outcomes	What MHIDS can do to achieve this?	How MHIDS can achieve this? Suggestions include:
4. Improved **understanding and response** to consumer needs and preferences	**Improve recognition of symptoms and signs of mental health issues** to mitigate and optimise functioning Develop **more comprehensive psychiatric assessments** and treatment plans for and with the consumers and their support network **Further adapt communication style, interventions and information** to a level that each individual consumer can understand and be 'on board' with **Improve support and negotiation of system from first contact**	Reviews and optimisation of pharmacotherapy via **medication reviews. Improved diagnostics** **Collaborative reviews of existing assessments and consumer focussed plans** to build on what works, what resources are available and what is realistic **Facilitating active and demonstrated response to the consumer, family or carers reflected in their care and management plans** **Clear responsibilities and plans which build on consumer's strengths, resilience and independence.** Access to **advocacy, interpreters**, and support people as needed Interventions to improve the consumer's communication i.e. **speech and coping skills** (change, stress, trauma). **Information in plain language**
5. Improved **integration and coordination** of working with MH clinicians, other service and direct care providers including families and friends	Develop and establish **stronger Tasmanian state-wide partnerships and relationships** with care providers and other resources in order to improve access to appropriate care Provide clear **referral pathways** with designated case managers, linked in with NDIA support coordinators to get plans actioned, to	**Liaison, utilising networks, brokerage and link people to appropriate** services **Clear referral and registration process** Consultation, liaison, capacity building and case management of limited numbers of complex cases. **e.g. where the consumer does not have an NDIS Plan, there are significant service gaps, conflict or complexity**

Outcomes	What MHIDS can do to achieve this?	How MHIDS can achieve this? Suggestions include:
	assist and facilitate the provisions/ elements of services needed **Explore potential funding** streams for some aspects of the service provided through registrations with NDIS	**Team member individual self-sufficiency** (diary, appointments, reports, data sheets). Some minimal non- priority support may be negotiated with catchment community teams **Service maps** and a **Resource Directory information** development **Time limited Working Group meetings** for reflection and review Liaise with NDIA to include relevant funding in participants plans
6. Raised awareness and skills levels in the mental health and disability sector	**Build the knowledge, skills and capacity of individuals** in the MHIDS through external training. Provide **contacts, information and work with** SMHS clinicians, families and friends of consumers who provide direct care to build their capacity and skills **Put supports in place to assist the consumer to build capacity, develop skills and overcome any communication challenges**	Comprehensive MHIDS **staff Orientation and training** i.e. positive behaviour support, disability appropriate communication methods, potentially in partnership with UTAS and THS Registered Training Organisation **Support, advice and share expertise** primarily with SMHS clinical staff to more effectively manage mental health for this cohort, recovery pathways and understand the mental health supports that are available for the individual Research and Sector Development
7. Improved **management of data** to inform our systematic approach from inception and beyond	Provide **data, audits and projections to monitor service performance and outcomes** (current data limitations), to improve, plan and fund services to meet the service and consumer evidence-based needs in the future	Regular **deliverables reports** including achievements against Key Performance Indicators (**KPIs**) Consumer & referral **feedback process** **Case studies** Future business case to **attract more funding and resources**

6. Key Contributors

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