

GOVERNMENT RESPONSE TO THE MENTAL HEALTH INTEGRATION TASKFORCE REPORT AND RECOMMENDATIONS

July 2019

Contents

Message from the Minister.....	3
What the Taskforce found	4
Action 1 – Establish a Mental Health Hospital Avoidance Program in Southern Tasmania	5
Action 2 – Establish Integration Hubs at St Johns Park and the Peacock Centre.....	6
Action 3 – Establish an integrated post and after care suicide response as part of the Mental Health Hospital Avoidance Program.....	6
Action 4 – Review the model of care for the Child and Adolescent Mental Health Service, with a focus on the integration of service responses for adolescents across community and inpatient settings.....	6
Action 5 – Establish a dedicated state-wide response to people with complex needs	7
Action 6 – Continue with key reforms of Alcohol and Drug Sector and as a result of the transition to the National Disability Insurance Scheme (NDIS).	7
Action 7 – Use the National Mental Health Service Planning Framework to inform regional planning and service commissioning	8
Action 8 – Establish dedicated project resources, along with project governance and accountability mechanisms to ensure regular reporting on progress.....	8
Appendix 1 – Addressing the Recommendations within the Report.....	9

Message from the Minister

The Tasmanian Government acknowledges that mental ill-health can affect anyone at any age, and that is why increasing access to mental health services is such a priority. Demand for these services has grown, and we need to broaden our focus to find long-term solutions. Contemporary community based service models create an ideal environment to deliver outpatient care and give ongoing support.

In 2018 my predecessor, the Hon Michael Ferguson MP, convened the Mental Health Integration Taskforce to provide advice on improving integration of mental health services in Southern Tasmania. This coincided with a record boost to mental health services in Tasmania, which provided more than \$104 million over six years to increase capacity.

The Tasmanian Government has already commenced a shift toward community based support, with the innovative Mental Health Hospital in the Home service (HITH) launched in March 2019. This service allows consumers to receive intensive, hospital level short-term support in a familiar environment at their home.

The Taskforce included representation from key stakeholders and also provided expert advice on the best use of new mental health beds so Tasmanians can get the right care at any stage of their life, at the right place and at the right time.

The recommendations and issues raised by the Taskforce will inform a new approach to improve the integration of mental health support and services, including in primary and community based settings. This approach aims to give people the very best chance to lead happy and positive lives, having recovered from, or be able to successfully manage, their mental illness.



Jeremy Rockliff MP

Deputy Premier

Minister for Mental Health and Wellbeing

Background to the Taskforce

Between March and November 2018, the Mental Health Integration Taskforce undertook the important role of identifying best practice ways of providing better care and support through a system of integrated mental health care.

The process involved consideration of a range of national and international reforms in the Tasmanian context, initiatives and evaluations, key strategic planning processes and, importantly, the insight of those who have lived experience within the mental health system in Southern Tasmania, and their family and carers.

21 recommendations have been made regarding vertical and horizontal integration¹ and the process of implementation. In accepting the 21 recommendations of the Taskforce, the Tasmanian Government commits to work with staff, the community sector, consumers, carers, families and other stakeholders to develop a truly contemporary system that meets the needs of mental health consumers in Tasmania.

What the Taskforce found

A full list of Taskforce recommendations and related actions is provided at Appendix I.

Through its deliberations, the Taskforce explored the way in which the mental health system in Southern Tasmania is currently functioning. It found that the current system is provided by dedicated, hard-working and skilled staff. Indeed, the Taskforce found that for many consumers who access care, this care is coordinated and well provided in such a way that the consumer values the care that they have, are happy with their experience and have positive clinical outcomes.

However, the Taskforce found that increasing demand for services had led to the current situation whereby services are poorly integrated. Excessive workloads force many staff within the system to focus on day-to-day demand, and they are unable to set aside time to consider whether a different approach would lead to a better overall service.

Importantly, the Taskforce identified that the lack of alignment of the processes between inpatient services and all other community clinical services was contributing to a system that was “hospital-centric”; that is, the hospital was prioritised above both the needs of the consumer and of community services. This was considered the primary reason for the major disconnection between inpatient services and community-based services.

Other areas of concern identified by the Taskforce included:

- the level of integration between the clinical services provided by the alcohol and drug services and the specialised mental health service;
- the relationship between the public mental health system and primary care;
- the manner in which the different models of Crisis Assessment and Treatment Team (CATT) provision, triage, the dedicated Mental Health Services Helpline, the role of Psychiatric Emergency Nurses (PENs), and the new Mental Health Hospital in the Home (HITH) Service connect;
- a poorly designed “front end” of the system, creating difficulty in either accessing or navigating the system; and

¹There is no agreed to definition of Integration in common use in Australia. Consequently, the Report has developed two definitions of Integrations; one from the perspective of people who live with mental illness and the other from the perspective of people who provide services or integrate care and support. This is explained in further detail in the body of the Report on pages 22-24. Furthermore, vertical integration is used to refer to the way the range of clinical services are integrated, whilst horizontal integration is used to refer to the way in which the range of all other support services are integrated.

- the absence of a single real-time clinical information system for mental health.

The Government accepts all 21 recommendations of the Taskforce, and commits to the following actions:

Action 1 – Establish a Mental Health Hospital Avoidance Program in Southern Tasmania

Establishing a Mental Health Hospital Avoidance Program in southern Tasmania includes the development of a new comprehensive model of care for those who currently get their care either in the emergency department, Royal Hobart Hospital (RHH) Inpatient Unit, Mistral Place, the Mental Health Hospital in the Home Crisis Assessment and Triage Teams (CATT) or in the current Adult Community Mental Health teams.

The Hospital Avoidance Program will be based around existing capital investments at the Peacock Centre and St Johns Park, and will complement the integration hubs (see action 2) being developed on those sites.

The combination of the Hospital Avoidance Program and the integration hubs will deliver clinical and non-clinical services, working in partnership in a community setting to provide holistic mental health service interventions.

The Hospital Avoidance Program will feature:

- o GP assistance out of hours;
- o Expanded crisis response functions;
- o A hospital in the home type function based on current trial;
- o Centre-based alternatives for assessment and treatment 24/7 as alternatives to presentation at the emergency department;
- o A clear point of entry (triage);
- o Expanded southern Adult Community Mental Health Services; and
- o 27 beds as the residential (overnight care) component of a Mental Health Hospital Avoidance Program.

The core function of the Hospital Avoidance Program is to divert people from admissions to the RHH (ED and Department of Psychiatry) and Mistral Place and to reduce bed blocks within these services, particularly for people with complex needs, but who are not in an acute state requiring admission.

The Hospital Avoidance Program model would have a mix of clinical and non-clinical staff, including mental health nurses and workers, continuity of care teams (formerly known as community case-management teams), allied health, psychiatrists and registrars (and junior medical officers), and peer workers (consumer and carer).

Timeframes – Roll out the fully integrated mental health system in Southern Tasmania from quarter one 2021.

Relevant Recommendations - 1, 2, 3, 7, 8, 9, 11, 12, 18, 20

Action 2 – Establish Integration Hubs at St Johns Park and the Peacock Centre

The existing \$50 million redevelopment of the Peacock Centre and the construction of a new community based facility at St Johns Park - which together will provide 27 new mental health short term recovery beds - will form part of the new mental health community integration hubs.

Integration hubs will provide opportunities for integration and co-location of social, housing, employment, disability and health services, all who play an important role in linking people into appropriate supports with the goal of building individual capacity, and avoiding escalation of mental illness or the likelihood of relapse.

Timeframes – The redevelopment of the Peacock Centre and the development of the St Johns Park site are at the planning stage, and it is anticipated that the new facilities will be online from quarter one 2021 and quarter one 2022 respectively.

Relevant Recommendations – 1, 13, 14, 15, 16, 17

Action 3 – Establish an integrated post and after care suicide response as part of the Mental Health Hospital Avoidance Program.

While not explicitly identified by the Taskforce, an integrated community-orientated mental health system must include an alternative for people in suicidal distress from presenting to an emergency department. Alongside the proposed Hospital Avoidance Program, it is proposed to develop an integrated suicide response that connects existing after care support functions with a community based crisis response.

Timeframes – It is anticipated that the integrated suicide response framework will be developed by first quarter 2020, and commence from quarter three 2020.

Relevant Recommendations – 1, 3, 7, 9, 13, 14

Action 4 – Review the model of care for the Child and Adolescent Mental Health Service, with a focus on the integration of service responses for adolescents across community and inpatient settings.

While not explicitly identified by the Taskforce, the current investment into designated adolescent mental health beds in southern Tasmania requires the development of a Child and Adolescent Mental Health Service model of care that is integrated across inpatient and community settings and reflective of the specific needs of adolescents. The commitment by the Australian Government to fund the State Government to develop an Eating Disorders Residential Treatment Centre in southern Tasmania will also need to be considered to develop this new model of care for adolescents that overcomes transition issues and other concerns raised by the Children and Younger Persons sectors.

Timeframes – The new model of care is expected to be finalised, including consultation with stakeholders, during first quarter 2020.

Relevant Recommendations – 1, 3

Action 5 – Establish a dedicated state-wide response to people with complex needs

While not explicitly referenced by the Taskforce, revision of the Adult Community Mental Health model of care would enable the option for developing a part of the service to specialise in providing best evidence-based care and treatment for people with dual disabilities (multiple symptoms in addition to a person's mental illness), and Complex Post Traumatic Stress Disorders and people who are homeless or at risk of becoming homeless. These groups currently represent a significant proportion of excess bed days at the RHH which subsequently leads to bed block and excess ED wait times.

For safety and quality reasons, these small highly specialised teams are best delivered on a state-wide basis which provides an initial opportunity to extend actions of the integration taskforce across the north and north-west regions of Tasmania.

Timeframes - The new service responses are expected to be finalised by the end of second quarter 2020.

Relevant Recommendations – 1, 3, 16

Action 6 – Continue with key reforms of the Alcohol and Drug Sector and as a result of the transition to the National Disability Insurance Scheme (NDIS).

Work is already being progressed across two areas of significant policy reform that align with the recommendations of the Taskforce.

The Reform Agenda for Alcohol and Drugs Services in Tasmania is currently being finalised. The aim of the Reform Agenda (and its Implementation Plan) is to ensure that all Tasmanians affected by alcohol, tobacco and other drugs use have access to appropriate, timely, effective and quality alcohol, tobacco and other drug services, supports and treatments based on contemporary, evidence-informed best practice, and delivered by a highly skilled workforce. The Reform Agenda has been considered alongside the work of the Taskforce and will align any relevant actions across the mental health and alcohol and drug sectors.

Similarly, the rollout of the NDIS across Tasmania presents an opportunity to reconsider the provision of supported accommodation as part of an integrated mental health system. A project is underway to work with state-wide mental health services and community sector providers to support the transition of services across to the NDIS and design service requirements post transition.

Timeframes - The Reform Agenda for Alcohol and Drug Services is to be finalised by quarter four 2019, with the development of an implementation plan to follow. The Tasmanian and Commonwealth Governments have a Bilateral Agreement in place which requires the transition of mental health residential rehabilitation and packages of care to the NDIS by the end of quarter two 2021.

Relevant Recommendations - 4, 10

Action 7 – Use the National Mental Health Service Planning Framework to inform regional planning and service commissioning.

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) identifies “achieving integrated regional planning and service delivery” as the first of eight priority areas for reform. In Tasmania, the process to develop the desired Mental Health and Suicide Prevention Plan is a joint project between Primary Health Tasmania (PHT), the Department of Health (DoH) and the Tasmanian Health Service (THS). The plan that results from this process will be informed by the National Mental Health Service Planning Framework to deliver integrated planning and service delivery to meet the needs of Tasmanian mental health consumers.

This process will allow for joint planning and commissioning of services and ensure that Activity Based Funding opportunities for mental health services in Tasmania are fully explored.

Timeframes – It is anticipated that plan will be finalised by quarter 3 2020.

Relevant Recommendations – 5, 8

Action 8 – Establish dedicated project resources, along with project governance and accountability mechanisms to ensure regular reporting on progress.

The Government has committed additional funding of \$2.38 million towards dedicated project resources to support the implementation of the project.

The implementation of the Government’s response will be led by the Chief Psychiatrist, Dr Aaron Groves, with a dedicated project team to be established within State-wide Mental Health Services. This team will work with clinicians and support staff to engage staff, consumers, carers, families and other stakeholders in the reform process.

Oversight of the project will be through the Chief Psychiatrist to the Secretary, Department of Health, with quarterly reporting to the Minister for Mental Health and Wellbeing on progress.

Time-limited resources are to be dedicated as soon as practicable to the recruitment of the specialised clinical staff required.

The project team will also consider how the project could be progressed in the north and north-west of Tasmania.

Timeframes – Commence recruitment processes quarter three 2019.

Relevant Recommendations – 6, 18, 19, 21

Appendix I – Addressing the Recommendations within the Report

Regarding Vertical Integration	
1. SMHS should re-consider how it provides clinical services to develop a community mental health system in which each of the current services see themselves as an important, if not vital, part of a more distributed system of care, rather, than as a stand-alone service.	Refer Action 1, 2, 3, 4, 5
2. SMHS should reconsider the current boundaries of its catchment areas in Southern Tasmania and determine how to realign its resources so that there is a more equitable approach between catchment teams.	Refer Action 1
3. SMHS should develop new, consistent models of care for each of the four mental health programs within the service.	Refer Action 1, 3, 4, 5
4. SMHS undertakes a review of the relationship between mental health services and alcohol and drug services to get a fuller appreciation of the difficulties between these two sectors.	Refer Action 6
5. In line with the commitment under <i>The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)</i> to undertake planning using the <i>National Mental Health Service Planning Framework (NMHSPF)</i> , the DoH and THS need to address the fact that that the resources devoted to public mental health services are out of balance compared to the optimal distribution outlined in the NMHSPF.	Refer Action 7
6. SMHS and the Royal Hobart Hospital (RHH) need to agree to a governance model that involves cooperation and working together. This should include considering including SMHS on the RHH Executive.	Refer Action 8
7. SMHS needs to review how it provides clinical services, considering the services that people need to access urgently.	Refer Action 1, 3
8. SMHS and Primary Health Tasmania (PHT) together with all parts of the primary mental health care system, notably the Tasmanian Branch of the Royal Australian College of General Practitioners, develop a better system of collaboration between public mental health services and primary care.	Refer Action 1, 7
9. SMHS redefines how clinical services are provided within the community mental health system. This process should involve considering developing mental health nurse practitioner roles, enabling all health professionals to work to full scope and the role of peer workers.	Refer Action 1, 3
10. SMHS should redevelop its model of care for sub-acute and non-acute inpatient services taking into account the impact of the National Disability Insurance Scheme (NDIS) once it is fully implemented as well as the outputs from the <i>Fifth Plan</i> .	Refer Action 6
11. SMHS should develop a clear plan for how it will better address the physical health needs of people who access the public mental health system.	Refer Action 1
12. The DoH and SMHS should urgently consider the need for a better mental health clinical information system that meets the needs of supporting vertical integration.	Refer Action 1,

Regarding Horizontal Integration	
13. The DoH and the THS adopt a new service element as a central new feature of the community mental health system; namely, a 24-hour integrated service hub that consists of a range of colocated social services, disability support services, peer-operated services and clinical services, built around ensuring the recovery concept and supported by subacute residential services.	Refer Action 2, 3
14. The Tasmanian Government considers the adoption of this service element within the current election commitments for the redeveloped Peacock Centre and the sub-acute services at St Johns Park.	Refer Action 2, 3
15. The DoH together with the Mental Health Council of Tasmania (MHCT) undertake a project to explore the best way of achieving greater integration of the full range of disability and social services that may need to be accessed by a person as part of their full participation in their community.	Refer Action 2
16. The DoH develops an approach that would allow the ability to have flexible funding through the community managed sector in Tasmania that would support the provision of services that promote greater horizontal integration, either at the integration hubs or in other parts of the community mental health system.	Refer Action 2, 5
17. The DoH works with Flourish Mental Health Action In Our Hands Inc. (Flourish), Mental Health Carers Tasmania (MHCTas), the MHCT and the SMHS to develop a model to trial the transferability of the Recovery College concept as an element within the integration hubs.	Refer Action 2
Regarding Implementation	
18. That the Tasmanian Government set a timeframe for the adoption of a fully integrated approach within the Tasmanian mental health service. It is recommended that this date be 1 January 2021.	Refer Action 1, 8
19. That the DoH note the significant undertaking to move to an integrated service system and agree to the development of an endorsed program structure to oversee the process of implementation (henceforth referred to as the Reform Program). The Reform Program should identify, at the very least, an overall Executive Sponsor who is accountable for the program, the resources available to undertake this reform process and the program deliverables, proposed outcomes, communication and change management processes.	Refer Action 8
20. The THS will need to identify a range of workforce reforms that support this process. This will include how all clinical staff can demonstrate that they are competent in the 16 values and attitudes contained within Standard 9 (Integration and Partnership) of the updated <i>National Practice Standards for the Mental Health Workforce 2013</i> ² . This Standard, together with Standard 9 (Integration) of the <i>National Standards for Mental Health Services 2010</i> ³ are key documents that should set out the expectations for an integrated system of mental health care.	Refer Action 1

² State of Victoria, Department of Health, 2013, *National Practice Standards for the Mental Health Workforce 2013*.

³ Commonwealth of Australia, 2010, *National Standards for Mental Health Services 2010*.

<p>Furthermore, the THS should consider the degree to which the National Framework for Recovery-Oriented Mental Health Services⁴, the “triangle of care” concept and the principles of Trauma-Informed Care and Practice are known and adopted by all clinical staff. These three frameworks are considered fundamental to successful integration. SMHS will need to determine what investment is needed to ensure staff have competency with these approaches.</p>	
<p>21. It is recommended that the recommendations within this report are used as the basis for exploring whether they are equally applicable in the North and North-west regions of Tasmania. It is the Taskforce’s recommendation that they apply.</p>	<p>Refer Action 8</p>

⁴ The Framework was endorsed by the Australian Health Ministers’ Advisory Council (AHMAC) on 12 July 2013 and formally launched by the Chair of AHMAC at the Mental Health Services Conference (TheMHS) on 21 August 2013. The Framework is presented in two companion documents, both of which can be found here: www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra