To whom it may concern

Re: Response to the Delivering Safe and Sustainable Clinical Services Green Paper

Please accept this correspondence as acknowledgment and recognition of the importance of the Green Paper on the redesign of the Tasmanian health system. The identified reform agenda is wide ranging and has the potential to benefit many Tasmanians.

I would like to draw your attention to the submission on the Green Paper by the Psychology staff within the Mental Health and Statewide Services of the current Tasmania Health Organisation-South. The APS is supportive of the submission and notes the high applicability of many of the issues it raises with regard to the overall reform agenda of the Green Paper. I draw your particular attention to the responses to questions two, three, six and seven:

Q2. How well does the proposed framework align with practice in your discipline?

- The framework does align with some aspects of psychology, but seems to have missed or excluded many of the community services that psychology provides, especially in mental health, forensics and alcohol and drug services.

- Psychological services are critical and need to be represented in community services such as step-down/community based rehabilitation, dementia and memory services that are currently not provided but would support earlier discharge from or reduced admissions to hospital.

Q3. Where are the areas of service duplication in your discipline?

- Psychology services are stretched to their limit across inpatient, outpatient and community services and there is no duplication of services, rather there are large gaps in service provision through the hospital and community services, which will be identified further in Question 4 below.
• At a managerial level there is a lack of oversight across the state that does not facilitate efficient and effective work practices.

• Additionally, there is an inability to effectively link private psychologists and those working in public health settings, resulting in lack of cohesion and consistency for patients and limited information exchange for clinicians.

Q6. How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?

• Publicly-provided comprehensive mental health services can reduce inpatient admissions. Having psychological input into Emergency Departments (ED) can divert patients with complex psychological illnesses, such as those with borderline personality disorders, away from ED and back into community mental health services. There are examples of ED diversion centres for people with a diagnosis of borderline personality disorders that can provide crisis support and planned admissions into a safe house for these clients rather than presenting to the ED.

• Psychologists could be using telehealth in rural and remote areas to undertake comprehensive assessments and evidence-based effective treatment for many conditions.

Q7. How do we determine which services to focus on to expand the role of primary and community care?

• High-prevalence, low acuity conditions such as anxiety and depression are conditions that are generally best treated by private psychologists in primary health care settings. Patients with highly complex conditions are best treated within inpatient and community service settings, and provided with intensive psychological treatment.

• Provision of psychology in primary and community settings is ideal, as the patient is engaged with their community and support structure, and can implement changes in their own environment. An ability to provide continuity of psychological services from inpatient to community based settings is ideal in gaining the best results from the psychology investment. In Tasmania, there is a large and excellent resource of private psychologists. However, there are limited links between these private practice clinicians and those psychologists working in community and secondary/tertiary settings.

• Given the funding models, and that private psychologist’s work in a business model of funding, there needs to be sufficient motivation to link in with secondary/tertiary settings as required. For example, at
the current time, patients receiving input from the THO-S Burns Clinic access psychological support through private psychologists via a mental health care plan and Medicare funding for a limited number of sessions. There are no links between the Burns Clinic and the psychologist: the two providers are unable to provide a linked up continuum of care for the patient that would increase the likelihood of better outcomes.

These responses emphasise:

- The need to fully map the community services provided by psychologists
- The lack of psychology resources relative to demand, and
- The importance of comprehensive, evidence-based, client-focused and effective mental health care in the delivery of community-based services to consumers.

It would be pleasing to see these points reflected in the Government White paper due for release in March 2015.

Given the burden associated with mental illness, it is surprising that the Green Paper makes limited reference to mental health. The Paper does describe important strategies for reform such as:

- Increasing the focus on primary and community care
- Shifting the balance of care provision from hospital to community locations
- Redesigning clinical services, and
- Strengthening public-private and interstate partnerships.

However, there are few references to mental health and none to the need for greater access to cost-effective evidence-based treatments for mental illness such as psychological therapies. Addressing mental health is also important for the effective and cost efficient management of chronic illness. I look forward to seeing this better-reflected in the forthcoming White Paper.

The APS notes the Green Paper’s view on public-private and interstate partnerships. The APS understands the importance of strong collaboration between government-funded health services and the private and non-government-sectors in health care delivery. It also recognises the need for efficient resource utilisation on a national level. However, this must not involve cost cutting or cost shifting that is ultimately at the expense of quality of care. Mental health services have particularly experienced revenue drain over many years as a result of the failure to quarantine mental health funding. If mechanisms are not put in place, this trend will only grow. In this regard, the APS is keen to see a current statement of fiscal value in mental health and how this will be consolidated and expanded as part of the planned reforms.
In closing, the APS strongly supports the development of the Tasmanian Health Council and Clinical Advisory Groups (CAGS). It is disappointing that the APS, as the largest professional association for psychology in Australia representing over 21,000 psychologists nationally (and 400 in Tasmania), has not been able to nominate representatives to such an important body. We seek your support in addressing this anomaly.

One again I wish to recognise the importance of the reforms foreshadowed in the Green Paper and look forward to working collaboratively with the Government to improve the health of all Tasmanians.

Yours sincerely

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